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ABSTRACT

This report presents findings about emerging approaches to enhance the well-being of young children and families in the context of welfare reform. Information on programs and initiatives was obtained from nomination forms sent to over 300 key informants, including child care officials, Head Start collaboration directors, governors' early childhood policy advisors, national organizations, researchers, and welfare, child welfare, and mental health administrators. Thirty-five programs and initiatives were nominated, 11 of which were studied in depth. In-depth conversations were held with staff from these 11 programs and initiatives, and with policymakers, foundation officers, and others involved with these efforts. The report is organized in four sections. Section 1 sets the context, describing the importance and the challenge of integrating child and family development strategies with welfare policies and practices. Section 2 presents the findings in three parts: (1) describing six overall approaches to integrating child development and family support with welfare reform; (2) analyzing specific strategies that emerged across the sites; and (3) presenting an overview of common themes and concerns. Section 3 of the report offers some reflections and observations based on insights of the informants. Section 4 draws out the implications of the findings and observations for TANF administrators, early childhood program leaders, staff, and others seeking to enhance outcomes for young children and to implement welfare reform effectively. The report's three appendices summarize the characteristics of the programs and initiatives studied, provide profiles of individual programs and initiatives, and list resources for programs and agencies. (Contains approximately 20 references.) (KB)

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Enhancing the Well-Being of Young Children and Families in the Context of Welfare Reform

Lessons from Early Childhood, TANF, and Family Support Programs

Prepared for the

Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

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Executive Summary

This report presents findings about emerging approaches to enhance the well-being of young children and families in the context of welfare reform. The project, which has been a partnership between the National Center for Children in Poverty (NCCP) and Mathematica Policy Research (MPR) under the sponsorship of the Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services, addresses three questions:

- How are child development and family support programs serving low-income families with young children responding to new welfare policies and practices?
- What kinds of partnerships (e.g., state-local, public-private, interagency) are developing between those serving low-income families with young children and those implementing welfare changes?
- What opportunities and challenges are emerging for early childhood programs and agencies implementing welfare changes as they strive to improve outcomes for both adults/parents and young children?

The findings, representing an early point-in-time exploration, are based on information from programs and initiatives identified through nomination forms sent to over 300 key informants, including child care officials, Head Start collaboration directors, governors' early childhood policy advisors, national organizations, researchers, and welfare, child welfare, and mental health administrators. Thirty-five programs and initiatives were nominated, 11 of which were studied in depth.

Setting the Context

Roughly two-thirds of the recipients of federally-subsidized cash assistance are children, nearly half of whom are under age six. Young children who grow up in families with limited incomes face potential exposure to multiple environmental and biological risk factors, which in turn put them at risk for poor outcomes. But a decade of cumulative research suggests that child development and family support programs can make a difference. The most effective programs can positively influence a child's social and emotional development, enhance the likelihood of successful school performance in the early grades, and in some instances, reduce the later risk of involvement with the special education and juvenile justice systems.

Due, in part, to growing knowledge about early brain development and the importance of children's early years, there has been increased interest among policymakers at all levels of government, foundations, and businesses in promoting child development and family support programs. These programs, which emphasize early learning and promote healthy parent-child and child-caregiver relationships, are wide ranging. They include preschool programs that provide comprehensive child and family services, family support programs that combine home visiting with center-based activities, and family resource centers that offer a range of information and support services.

Simultaneous with the growth and expansion of child development and family support programs, welfare reform has dramatically changed the emphasis in America's welfare policy. Under Temporary Assistance to Needy Families (TANF) created by the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, the focus has shifted from cash assistance to work. The new legislation sets forth work requirements and allows sanctions for failure to meet them; it also places time limits on assistance. In addition, it strengthens efforts to involve non-custodial parents, typically fathers, in supporting their children. But welfare reform has focused on adults almost exclusively as economic providers for their families. There is virtually no emphasis in the legislation on helping them as parents, particularly parents of young children, by encouraging their involvement in child development and family support programs.

And yet, given this country's interest in promoting family economic self-sufficiency *and* in ensuring that all children enter school ready to learn, integrating child development and family support perspectives with welfare reform could be enormously beneficial. Such approaches are beginning to emerge, and they are the focus of this report.

Integrating Child Development and Family Support with Welfare Reform

Enhancing the Well-Being of Young Children and Families in the Context of Welfare Reform explores a variety of efforts to meet the needs of young children and families in the face of changing welfare policies and practices. It profiles 11 programs and initiatives, including stand-alone early childhood programs, Early Head Start sites, welfare agencies, statewide initiatives, and state and local partnerships between early childhood and welfare programs.

These programs and initiatives are implementing a wide range of strategies to facilitate parental success with meeting welfare-related goals while promoting positive outcomes for young children. The strategies include:

- ***Using early childhood and welfare staff to educate families about new welfare requirements.*** Confusion about the specifics of welfare reform is widespread. Examples of reported strategies to address this confusion include training early childhood program staff on new welfare rules and their implications,

systematically incorporating information about welfare changes into home visiting protocols, and including a representative from the local welfare office on multi-disciplinary teams working with families.

- ***Adapting early childhood programs to better meet the needs of young children and families affected by welfare changes.*** Staff reported a variety of efforts to adapt their programs to better serve families who are facing challenges associated with welfare reform while preserving their core mission to strengthen parent-child relationships and to promote healthy child development. These efforts fall into three major categories.
  - *Helping parents successfully meet work requirements and gain stable employment.* Specific strategies include bringing welfare staff onsite through contracts with TANF agencies and working out agreements to recognize Head Start and Early Head Start employment readiness activities as meeting TANF work requirements.
  - *Reaching out to fathers and helping mothers address paternity, child support, and other related issues.* Specific strategies include encouraging fathers to participate in early childhood program enrollment and activities, offering work training and parenting skill-building opportunities to fathers, and training program staff in welfare-related paternity and child support requirements.
  - *Adjusting hours and staffing to better meet family needs.* Specific strategies include training and adding new staff to address families' self-sufficiency needs and extending program hours to accommodate parents' work schedules.
- ***Promoting access to high-quality child care that addresses family needs.*** Many families with young children who are affected by welfare changes do not need intensive supports, but all need high-quality child care. A number of program and initiative directors reported involvement in collaborative efforts to strengthen child care options for TANF and other low-income families. Examples of reported strategies include blending funding for child care subsidies, pre-kindergarten, and Head Start to offer full-day care with comprehensive services; using Early Head Start staff to offer training to community child care providers (including those offering care in regulated settings as well as informal "kith and kin" providers); and developing community planning teams to improve the supply and quality of care.
- ***Linking welfare agencies and early childhood programs and forging cross-system partnerships.*** Respondents described three types of cross-system activities that are designed to link child development and family support services with TANF programs.
  - *Planning.* Specific strategies include involving a broad range of agencies in countywide planning processes about how to make welfare reform successful for families with young children and developing a shared vision statement, goals, and new procedures across public agencies.

- *Training.* Specific strategies include conducting joint trainings for Head Start, child care programs, and local welfare staff as part of larger partnership efforts and organizing countywide training across multiple systems (e.g., TANF, child welfare, substance abuse, and mental health).
- *Coordinating and integrating service delivery.* Specific strategies include creating statewide or state/local partnerships that formally link welfare agencies and early childhood programs; using TANF dollars to invest in child development, family support, and other programs serving TANF families with young children; and creating multi-disciplinary teams to serve families with multiple barriers to employment.

- ***Creating feedback mechanisms for families and those working with them to voice concerns as welfare implementation proceeds.*** Many programs reported the need to create opportunities for families and staff to provide feedback to policymakers about how welfare changes are working and about how the needs of young children and their families could be better met. Examples of strategies include providing feedback from networks of early childhood programs and Head Start Policy Councils to state policymakers and bringing decisionmakers to parent support groups and other forums where they can talk directly to families affected by welfare policies.

Reflections and Observations

Based on these findings, *Enhancing the Well-Being of Young Children and Families in the Context of Welfare Reform* offers a series of observations which highlight points of potential leverage for the future as well as areas of special risk.

- Catalysts for helping early childhood programs respond to the changing needs of low-income families include local program leadership, government at all levels, foundations, and national organizations.
- To date, early childhood program strategies to help parents with employment have, for the most part, focused on obtaining employment rather than on helping families with workplace issues, job retention, and TANF sanctions and time limits.
- Early childhood programs are deeply concerned about the most vulnerable parents and children and the lack of services for them, but few report any systematic strategies to engage in communitywide planning or TANF-linked planning on their behalf.
- The variation in state and local welfare policies (e.g., the length of time mothers with infants are exempted from work, the strictness with which sanctions are enforced, the criteria for exemptions from time limits) frame opportunities, and sometimes set ceilings, for programs seeking to improve outcomes for young children and their parents.

- Most reported strategies to link TANF and early childhood programs are informal and most have been initiated by early childhood programs, not TANF agencies. With some important exceptions, child development and family support programs are not seen as a resource by those implementing TANF, yet such programs are often in a unique position to help families, particularly those likely to have difficulty transitioning to work.
- Experiences with welfare reform have made early childhood program staff more cognizant of families' economic struggles, especially the problems faced by parents who are working but not earning livable wages and who have few prospects for higher wages or advancement.

Toward the Future

The report concludes with a series of recommendations about what early childhood programs and TANF programs can do—separately and jointly—to strengthen programs, policies, and collaborations to better meet the needs of young children and families affected by the changes in welfare.

What Early Childhood Programs Can Do

- Ensure that staff and participating families are knowledgeable about all relevant welfare-related policies and potential resources that might help families, including:
  - TANF provisions specific to their state and community,
  - other income-related benefits, such as the federal Earned Income Tax Credit, state income and other tax credits, food stamps, and child support enforcement income, and
  - child-related resources, such as health benefits through Medicaid or the State Child Health Insurance Program, child care subsidies, and if appropriate, early intervention and/or special educational services.
- Continue to work to improve the availability of high-quality child care that is responsive to family needs.
- Develop a support process for families transitioning to work to help them meet the dual demands of work and parenting.
- Expand outreach strategies to fathers whether or not they live with their children.
- Join with other community organizations (e.g., domestic violence, mental health, and substance abuse agencies) to better address prevention and treatment issues for those families who are most vulnerable.

What TANF and Other Welfare-Related Programs Can Do

- Develop formal arrangements at the state and local levels for early childhood programs to carry out tasks related to families' self-sufficiency plans.
- Train TANF and related staff (e.g., child welfare) on a statewide and local basis in family-centered practices and to attend to the developmental needs of young children.
- Ensure that those implementing welfare reform are knowledgeable about child development and family support programs as well as child care resources and that they make referrals to these programs where appropriate.
- Co-locate staff with special expertise (e.g., domestic violence workers, child welfare workers) within TANF offices to facilitate early intervention and prevention.
- Use TANF interviews and assessments to screen and identify those families for whom intensive services are needed and in which young children are likely to be affected adversely by welfare rules (e.g., cases in which families are sanctioned).

What Early Childhood, TANF, and Other Welfare-Related Programs Can Do Jointly

- Team together to develop formal and informal partnerships at both the state and local levels to promote the well-being of young children while promoting economic security and supports for their parents.
- Develop a shared agenda focused on families with the most severe barriers to work and the needs of their young children.
- Promote evaluations of the impact of welfare changes that include attention to indicators of young child well-being (e.g., health status, social and emotional development, school readiness).

What This Report Is About

This report examines emerging approaches to enhance the well-being of young children and families in the context of welfare reform. It addresses three questions:

- How are child development and family support programs serving low-income families with young children responding to new welfare policies and practices?
- What kinds of partnerships (e.g., state-local, public-private, interagency) are developing between those serving low-income families with young children and those implementing welfare changes?
- What opportunities and challenges are emerging for early childhood programs and agencies implementing welfare changes as they strive to improve outcomes for both adults/parents and young children?

The findings, representing an early, point-in-time exploration, are based on in-depth conversations in the fall of 1998 with staff from 11 early childhood programs and initiatives, as well as state policymakers, foundation officers, and others involved with these efforts either through partnerships or funding strategies. The programs and initiatives profiled reflect both direct service strategies and strategies to promote formal and informal connections between early childhood programs and those implementing welfare reforms. All were identified through a national nomination process (see Box 1 for a summary of the methodology). The project is a partnership between the National Center for Children in Poverty (NCCP) and Mathematica Policy Research (MPR) under the sponsorship of the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services.

The report is organized in four sections. The first sets the context, describing the importance and the challenge of integrating child and family development strategies with welfare policies and practices. The second section presents the findings in three parts: (1) a description of six overall approaches to integrating child development and family support with welfare reform, highlighting the noteworthy and replicable characteristics of the individual programs and initiatives, (2) an analysis of the specific strategies that emerged across the sites, and (3) an overview of common themes and concerns. The third section sets the findings in a larger perspective, offering some reflections and observations based on the insights of the informants. The final section draws out the implications of the findings and observations for TANF administrators, early childhood program leaders, staff, and others seeking to enhance outcomes for young children and to implement welfare reform effectively. Appendix A provides a matrix that summarizes the characteristics of the programs and initiatives studied; Appendix B provides individual profiles. Resources relevant to integrating child and family development with welfare reform are listed in Appendix C.

BOX 1

How the Information Was Gathered

During the fall of 1998, the project team sought, via a national nomination process, information about approaches to integrating child development and family support strategies with welfare reform. Nomination forms were sent to over 300 key informants (child care officials; Head Start collaborative directors; welfare, child welfare, and mental health administrators; national organizations; researchers; Governors' early childhood policy advisors; and others known to NCCP, MPR, and ASPE). Specifically we sought information about programs and initiatives

- addressing different types of children's needs (e.g., child care, health, and mental health);
- serving children and families from diverse ethnic and cultural backgrounds and from different regions of the country;
- with states or foundations as catalysts;
- based on state- or locally-designed efforts;
- reflecting federal initiatives, such as Head Start and Early Head Start.

For each of the 35 programs and initiatives (covering 18 states) that were nominated, we obtained written information and/or held phone conversations. Where the approach was part of a network, or was linked to a statewide effort, we asked those we spoke with to help us identify a specific program to contact.

Based on these nominations, we selected 11 programs and initiatives to profile in depth. Programs and initiatives not selected included some that were planned but not yet implemented, those that could not describe specific responses to welfare changes, and those that, while innovative, had no clear focus on young children. For the selected programs and initiatives, we used a three-step process to gather information. First, we drafted a profile reflecting our understanding of the approach. Second, we used this profile as a basis for phone conversations designed to elicit more in-depth information about the program or initiative and its relationship to welfare reform. Third, after revising and enriching each profile, we again shared them with the sites for accuracy verification. For approaches that predated welfare changes, our aim was to ensure that we accurately captured the nature of the basic approach, as well as the specific response to welfare reform. For approaches developed entirely in response to welfare changes, our aim was to describe the nature of those strategies accurately. In addition, regardless of whether the approach predated or was a response to welfare changes, we asked our informants to reflect on the impact of welfare-related changes on family and staff and to discuss their perceptions of emerging opportunities and concerns.

Setting the Context

It is estimated that roughly two-thirds of the recipients of federally-subsidized cash assistance for families are children, nearly half of whom are under age six.[1] Research suggests that young children who grow up in families with limited incomes face potential exposure to multiple environmental and biological risk factors. This in turn puts them at great risk for poor outcomes—in school, with peers, and ultimately, even with jobs.[2] Many young children, of course, are resilient and thrive. But a decade of cumulative research provides evidence that for many who are not doing well, child development and family support programs, which emphasize early learning and promote healthy parent-child and child-caregiver relationships, can make a difference. The evidence indicates that the most effective child development and family support programs can positively influence a child's social and emotional development, enhance the likelihood of successful school performance in the early grades, and in some instances, reduce the later risk of involvement with special education and juvenile justice.[3] More recent research, some of it on early brain development, also suggests that paying attention to child development and parent-child relationships as early as the infant-toddler years, especially for low-income families, is critically important.[4]

Due in part to growing knowledge about the importance of the early years, there has been increased policy, foundation, and business interest in promoting child development and family support programs.[5] Child development and family support programs are funded with federal, state, local, and sometimes private dollars and include:

- programs designed to help high-risk, often young, parents learn about parenting and establish positive relationships with their infants and toddlers, often involving a combination of home visits[6] and center-based activities.
- preschool programs with nutrition, health care, and family support components, as well as educational ones, and,
- family resource centers, sometimes linked to schools and sometimes to neighborhood centers, where families can get help in solving problems, support from families with similar experiences, and information about community resources.

These programs are intended to supplement policies that help families with basic supports, such as health care and child care, as well as policies that promote early intervention for children with identifiable developmental delays. An NCCP report found that in 1998, just under half the states were funding one or more statewide programs for infants and toddlers, 34 states were funding statewide programs for preschoolers, and half were funding family support

programs in some form. This represented a slight increase based on data collected two years earlier.[7]

At the same time that momentum has been growing to promote child development and family support programs, welfare reform has dramatically changed the emphasis in America's welfare policy. Under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), and especially under Title I, the Temporary Assistance to Needy Families (TANF) block grant, the focus has shifted from cash assistance to work. The new legislation sets forth work requirements, sanctions for failure to meet work requirements, and time limits for assistance. It also strengthens efforts to involve non-custodial parents, typically fathers, in supporting their children.[8] In addition, recognizing that child care is crucial to the success of parental employment, federal funds for child care have been increased, although it is no longer an entitlement for children in families receiving cash assistance.[9] (See Box 2 for highlights of all these policy changes.) Thus, welfare reform has focused on adults almost exclusively as economic providers for their families. There is virtually no emphasis in the legislation on helping adults as parents, particularly parents of young children, by encouraging their involvement in child development and family support programs.[10]

And yet, the adults who are the focus of PRWORA are also parents, many of them parents of young children who are enrolled in or eligible for early childhood programs. This means that close relationships between those implementing welfare reform and those administering child development and family support programs could be beneficial. Early childhood staff, who often have trusting relationships with parents, may be able to facilitate their moves toward economic self-sufficiency, offering peer and other supports, and thus furthering the goals of TANF. Likewise, TANF agencies may be able to encourage families to focus on child development and parenting issues by connecting them with early childhood programs.

In other words, given this country's interest in promoting family economic self-sufficiency *and* in ensuring that all children enter school ready to learn, welfare agencies and early childhood programs are potentially natural partners. And yet, it is not clear to what extent partnerships between them are emerging.[11] This report explores this question. It documents new approaches to integrating child development and family support perspectives with welfare reform, whether these are spurred by early childhood programs or welfare agencies or both. The aim is to promote the healthy social, emotional, cognitive, and physical development of young children while helping their parents in their dual roles as parents and economic providers.

BOX 2

Highlights of the Changing Policy Context for Young Children and Families

Key Provisions of TANF

- Limits lifetime assistance with federal funds to a maximum of five years and gives states the option to adopt shorter time periods.
- Requires states to engage a specified percentage of adult recipients in federally-defined work activities. As of fiscal year 1999, the required work participation rate is 35 percent for all families (rising gradually to 50 percent in fiscal year 2002) and 90 percent for two-parent families. States receive credit toward participation rate requirements for caseload reductions since fiscal year 1995 not due to changes in eligibility.
- Establishes a minimum number of hours that adults must participate in allowable work activities to count toward the federal work participation rate.
  - As of fiscal year 1999, single parents must participate for at least 25 hours per week, increasing to 30 hours in fiscal year 2000. The requirement is 20 hours for single parents with a child under age 6.
  - Two-parent families must participate for a combined minimum of 55 hours a week if they receive federally-funded child care assistance (and are not caring for a disabled child) and for a combined minimum of 35 hours a week otherwise.
  - States may require recipients to participate for a greater or lesser number of hours than needed to meet federal work participation rates and may allow recipients to participate in work activities other than those allowable under the federal requirement.
- Allows states to exempt single parents of infants under age one from work requirements and disregard them in the calculation of work participation rates for up to 12 months.
- Authorizes states to establish sanctions that limit or eliminate cash assistance for families that do not comply with work requirements.
- Permits states to use TANF dollars in flexible ways (e.g., for child care or other early childhood or family support strategies).

Key Child Care Changes

Because child care is key to enabling parents to work, there have also been a series of related changes in federal child care laws. These include:

- The Child Care and Development Fund combined four separate federal programs into one block grant to the states. States now have more discretion about how to use federal child care monies, although the funds must largely be spent to provide subsidies to low-income families.
- Although federal funds were increased, the new legislation eliminated a previous entitlement to child care for families receiving public assistance who were working or preparing for work.
- States are permitted to transfer up to 30 percent of TANF funds to the child care block grant.

BOX 3

What Child Development and Family Support Programs Do

- Provide quality early care and learning experiences directly to young children and with sufficient intensity to improve their social, emotional, and cognitive development.
- Help parents access basic resources for their young children, such as regular health care.
- Help parents identify and address any special needs their children may have.
- Improve parent-child relationships by providing information to parents about what to expect, by creating opportunities for them to talk with other parents, and, for those parents who themselves have had poor parenting, opportunities to model and try new ways of relating to their children.
- Help adults develop new skills, for example, engaging families in literacy or GED programs.
- Help parents address more intensive needs, such as those related to substance abuse, domestic violence, and mental illness.
- Reduce loneliness and isolation among family caregivers and provide them with support and information about parenting (including parents, grandparents, and others who are primary caregivers).

The Findings

This section analyzes 11 programs and initiatives that integrate child development and family support efforts with welfare reform. To capture the richness of these early point-in-time responses from the field, we present the findings in two ways. First, we describe the programs and initiatives, highlighting overall approaches to meeting the needs of young children and families in the context of welfare reform. Some of these approaches have been generated by early childhood programs or welfare agencies themselves. In other instances, the catalysts have been external—community partnerships, foundation invitations, or state-led efforts. After examining the individual sites, we analyze specific clusters of strategies for addressing the needs of young children and families affected by welfare reform. (For a matrix summarizing all the programs and initiatives, see Appendix A. For detailed profiles of the individual programs and initiatives, see Appendix B.)

Approaches to Integrating Child Development and Family Support with Welfare Reform

The programs and initiatives profiled in this report represent six types of approaches to integrating child development and family support efforts with welfare reform. They are:

- Tailoring statewide child development and family support programs to meet the needs of families affected by TANF.
- Adapting a national program model, Early Head Start, to address welfare-related needs.
- Creating community approaches to improving child care.
- Using the welfare agency to provide leadership and outreach to the early childhood community.
- Helping families who are coping with domestic violence, substance abuse, and other risk factors.
- Developing formal partnerships linking early childhood programs and welfare agencies at the state and local levels.

Each approach is illustrated below with examples.

Tailoring Statewide Child Development and Family Support Programs to Meet the Needs of Families Affected by TANF

The 11 programs and initiatives studied include two examples of child development and family support programs which are being adapted to better meet the needs of families with young children in the face of welfare reform. The first is the Parent-Child Center Network in Vermont, and the second is the Ohio Early Start Program. The approach in Vermont uses existing program strategies in new ways, while in Ohio, the approach extends an existing statewide program model to a new target population. The Vermont example illustrates a deliberate effort on the part of the state to use the early childhood community as a resource in changing welfare,[12] while the Ohio effort illustrates a creative use of TANF dollars to support child development activities.

Parent-Child Centers (PCCs) and the PCC Network, Vermont

The statewide strategy to integrate an early childhood focus into welfare reform in Vermont builds on 15 of the 16 Parent-Child Centers (PCCs) that form a network of early childhood programs throughout the state. Both the centers and the center network are key to the implementation of Vermont's welfare reform strategy for teen families and families with young children, particularly infants and toddlers. Through contracts with the state, the PCCs hire their own welfare workers (known as "Reach-Up" workers), who receive the same training as other PCC staff, as well as welfare-related training. In addition, the network of center directors, supplemented by task forces and committees, provides a forum for the PCCs to address policy issues and to provide feedback to the state welfare implementation team, formally as well as informally.

Vermont Parent-Child Centers and the PCC Network

- ✓ Reach Up (Vermont's welfare-to-work program) workers are stationed onsite at the Parent-Child Centers and receive the same training and orientation as other PCC staff. They also receive training provided by those administering welfare.
- ✓ The Network works collaboratively with the state welfare implementation team, offering feedback about how policies are, or are not, working for young children and families and helping to design more effective policies.
- ✓ Individual Parent-Child Centers model new approaches to reach out to special populations. If these are effective, they can then be adapted for other centers. One current model with potential for expansion is a program that reaches out to young fathers.
- ✓ The Parent-Child Centers help train state welfare staff in family-centered practices.

Early Start, Ohio

In 1996, Ohio launched the Early Start program in response to research indicating the critical importance of the first three years of life to a child's long-term development and overall health and well-being. The program complements the state's commitment to early intervention and child abuse prevention by providing flexible funding to identify infants and toddlers at risk of developmental delay or child abuse and neglect based on the presence of multiple risk factors (such as low birth weight, teen parents, poverty, and addiction) and to provide comprehensive support services. With the implementation of TANF, Ohio made the decision to allocate TANF funds to expand Early Start for teen and other mothers with young children participating in Ohio Works First, the state's TANF program. The aim is to promote economic self-sufficiency among the parents while also promoting the kind of strong parent-child relationships early in life that are known to be crucial for later healthy development. Services are provided through home visits, center-based activities, and referrals to and coordination with other appropriate supports.

Ohio Early Start

- ✓ Using TANF funds, Ohio has adapted a pre-existing program for infants and toddlers explicitly to meet the needs of families with infants and toddlers who are affected by welfare reform.
- ✓ Counties can provide Early Start services either through the self-sufficiency contracts signed by families participating in Ohio Works First or as part of efforts to support families who are transitioning off or who have been "diverted" from cash assistance.
- ✓ Early Start activities can fulfill 10 of the 30 hours of work-related activities required weekly under Ohio Works First.
- ✓ The state has developed explicit outcome goals and tracking mechanisms, as well as Early Start training and quality assurance tools.
- ✓ The state has encouraged counties to develop innovative approaches to sharing resources across programs for young children. (In one county, for example, family support activities are provided through a Head Start Adult Learning Center.)

Adapting a National Program Model, Early Head Start, to Meet Welfare-Related Needs

Early Head Start (EHS) is a relatively new initiative of the Head Start Bureau, U.S. Department of Health and Human Services, that provides comprehensive, intensive services designed to enhance child development and support families during the critical first three years of a child's life. Parents can enroll before the birth of their children. EHS programs emphasize the needs of children

(promoting children's health, resiliency, social competence, and cognitive and language development), families (enhancing family development, the home environment, family functioning, and economic self-sufficiency), staff (encouraging professional development and strong staff relationships with families), and communities (encouraging partnerships to improve the quality of services available to all families). EHS programs have now been implemented in over 600 communities. The examples below highlight how two EHS programs, one in Kansas City, Kansas and one in Pittsburgh, Pennsylvania, are responding to needs that have emerged in the context of welfare reform. Both programs target low-income families in which there is an infant, toddler, or a pregnant woman, and both offer home-based as well as center-based services and activities.

Project EAGLE, Kansas City, Kansas

In 1995, Project EAGLE (Early Action and Guidance Leading to Empowerment) became one of the first Early Head Start sites. Since its inception, the program has emphasized the healthy growth and development of infants and toddlers as well as family economic self-sufficiency. Project EAGLE is a home visiting program that works closely with community child care providers to enhance the quality of care they provide. In addition, the program has developed a number of strategies that respond directly to welfare reform.

Project EAGLE

- ✓ To address families' confusion about TANF time limits, work requirements, and sanctions, the program developed an easy-to-understand document that provides basic information about cash assistance, SSI, and child care subsidies. A section of the document helps families plan, track their own benefits, and set goals and timetables.
- ✓ Project EAGLE views the year that mothers with infants are exempt from TANF work requirements as a "window of opportunity" during which to provide skill training and other job readiness activities as well as to promote healthy parenting.
- ✓ Family support staff receive extensive training, both internal and external, including training provided by the Department of Social and Rehabilitation Services, which administers TANF.
- ✓ The program works with community child care providers to create individual development plans to improve the quality of care.
- ✓ Project EAGLE reaches out to fathers by encouraging them to participate when their families enroll and offering special services that explicitly target fathers.
- ✓ The program participates in forums for local employers to encourage the hiring of TANF recipients and to educate them about how to support newly working parents.

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Pittsburgh Early Head Start, Pittsburgh, Pennsylvania

Pittsburgh Early Head Start, which is a home visiting program supplemented by group and family activities at four centers in the Pittsburgh area, has implemented a variety of strategies to help families transitioning from cash assistance to work. Most notably, the program is employing multiple strategies to ensure that participating families have access to quality child care, whether center-based or with relatives or neighbors.

Pittsburgh Early Head Start

- ✓ In a formal collaboration with a local Head Start expansion project, Pittsburgh EHS is working to create slots for EHS children in Head Start family child care homes and to implement quality improvement measures.
- ✓ Working with a local child care resource and referral agency, Pittsburgh EHS reaches out to informal child care providers and offers them training in child development, appropriate care practices, and health and safety measures.
- ✓ The program supports families and children using informal care by having home visitors serve as liaisons between parents and care providers and visiting children in informal care settings.
- ✓ Staff receive training on TANF and mandated Medicaid managed care.
- ✓ The program provides supports to staff to help them help parents balance the day-to-day requirements of work with longer-term goals for their children and their families, as well as to cope with their own stress.
- ✓ Some staff provide services on weekends and during evening hours to accommodate the schedules of working parents.

Creating Community Approaches to Improving Child Care

Two of the programs and initiatives profiled are collaborative efforts to involve community leadership in strengthening child care across a range of settings, from regulated, formal child care to informal care provided by neighbors and relatives. They are the Training/Child Care Center in Bibb County, Georgia and the Joining Forces child care initiative in the state of Michigan.

The Bibb County Training/Child Care Center, Bibb County, Georgia

The Bibb County Training/Child Care Center emerged from a collaborative partnership among the county Department of Family and Children Services, the Housing Authority, the Board of Education, a local medical center, River Edge Behavioral Health Services, and a local technical institute. Collectively, the collaborators provide governance for the initiative. Individually, the partners provide services to support the successful implementation of welfare

reform. The aims of the Training/Child Care Center are twofold: to provide child care to families receiving cash assistance while the parents look for work and until other child care arrangements can be made, and to recruit and train potential child care providers from those receiving public assistance. Leadership to create the collaborative came initially from a county human services administrator who anticipated welfare reform and sought to build a community planning process to foster its successful implementation.

The Bibb County Training/Child Care Center

- ✓ The Training/Child Care Center serves as a transitional child care setting for families on TANF and for children in foster care. Each family works with a multidisciplinary team that helps families access community services.
- ✓ The collaborating partners provide health screenings, immunizations, and psychological testing, as well as speech and movement therapy for young children enrolled in the Center.
- ✓ The success of the main child care center led to the development of four more, with two specifically targeted to teen parents and two located within public housing projects.
- ✓ The governance structure of the child care network permits a flexible response to need. Right now, the collaborating partners are determining whether to designate more child care slots for infants and toddlers.
- ✓ TANF recipients interested in child care as a career are offered a 90-day training placement at the Center and, if they decide to continue, enrollment in the local technical institute for work towards a Child Development Associate (CDA) credential.
- ✓ Bibb County's network of centers is being replicated in two other Georgia counties.

Joining Forces: Caring Communities Child Care Initiative, Michigan

The Joining Forces: Caring Communities Child Care Initiative is a collaborative effort among the W. K. Kellogg, Skillman, and Frey foundations. The three foundations are funding nine sites across the state of Michigan for a five-year initiative that seeks to improve the child care systems building capacity of individual communities. Each site has engaged a broad array of community stakeholders to develop plans to build a local child care system that addresses the needs of low-income families. Although the initiative predated welfare reform, TANF's emphasis on work has given the effort added urgency. Some of the nine sites are responding directly to the child care needs of families on or leaving TANF, while all are helping such families indirectly by improving the child care options available to low-income families.

The Joining Forces Child Care Initiative

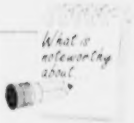
- ✓ Participating sites are funded for five years (contingent upon successful progress each year), with the first year devoted to planning and building community partnerships.
- ✓ The initiative emphasizes building the infrastructure necessary to address child care capacity, quality, and affordability beyond the life of the grants by building relationships among relevant stakeholders, creating ongoing financing mechanisms, and overcoming regulatory barriers.
- ✓ Programmatic goals and strategies vary from site to site, depending on community needs. Overall, the sites are attempting to increase the quantity and quality of child care serving low-income families, expand infant care, provide care during non-traditional hours, provide care for sick children, and ensure the inclusion of children with special needs in child care options.
- ✓ Explicit welfare-related strategies include facilitating close collaboration between child care resource and referral services and the county Family Independence Agencies (which administer TANF), co-locating resource and referral services and TANF administration, and training TANF workers about how to better link families with appropriate child care services.

Using the Welfare Agency To Provide Leadership and Outreach to the Early Childhood Community

In some places, the welfare agency assists in cross training and/or in promoting linkages with other programs and services. In the county highlighted below, the Department of Human Services (DHS) is the focal point for developing new early childhood initiatives, serving as the catalyst for the development of the county wide, broadly representative, Alliance for Kids.

The El Paso County Department of Human Services, El Paso County, Colorado

The El Paso County Department of Human Services (DHS), which houses both the TANF and child welfare programs, has made a commitment to using TANF services as a primary prevention mechanism for child welfare to prevent the needless out-of-home placement of children and family disruption. Using the guiding principles summarized in Box 4 and a model described as the "7 P's" (Protection, Prevention, Preservation, Placement, Permanency, Partnerships, and Proficiency), the DHS is engaging in multiple system changes simultaneously, working with a broad network of community partners that includes the local early care and education network. While the approach is intended to help all families, the Deputy Director notes that a significant percentage of the families, including grandparents, are raising young children. The approach is being funded with flexible TANF funds.



The El Paso County Department of Human Services

- ✓ The county DHS convened a task force on welfare reform and child care which developed a range of strategies to improve child care for low-income families.
- ✓ The agency committed TANF dollars to support the first local child care market rate survey, increase reimbursement rates, and guarantee child care slots and full-day, full-year care to parents transitioning to employment.
- ✓ Working with the Alliance for Kids, the agency developed an onsite child care resource and referral database in the county welfare office, which also houses other support services, such as substance abuse counseling and employment information.
- ✓ The DHS developed a special program to help grandparents raising children. Using the slogan grandparents make "grand parents," the agency offers support groups, help with establishing guardianship, and financial and other supports as necessary. The agency also provides outreach and support services to teen parents.
- ✓ The county welfare office has joined forces with the child welfare unit—both of which are part of the DHS—to develop a shared vision for families and a common set of guiding principles which govern resource allocation, program design, staffing, and training.
- ✓ The DHS is investing TANF funds in services to help families. The agency is currently considering investing in a model home visiting program.

BOX 4

Guiding Principles for a System of Care to Families Affected by Welfare Reform: Lessons from the El Paso County, Colorado Department of Human Services

- The system of care must be family driven and include extensive family leadership.
- Systems and programs must be effectively integrated.
- The system must build community capacity to serve families.
- Services must be strength based and delivered in the least intrusive manner possible.
- Services must be accessible, accountable, and comprehensive.
- Services must meet the individualized needs of families.
- Services must be coordinated across systems.
- The system of care must emphasize prevention and early intervention.
- Smooth and seamless transitions must accompany families as they develop.
- The system of care must protect the rights of families.
- The outcomes of services must be evaluated.
- All services must be culturally respectful and delivered by competent staff.

Source: Berns, D. & Drake, B. (1998). Promoting safe and stable families through welfare reform. *The Prevention Report: The National Resource Center for Family Centered Practice (2)*, pp. 4–8.

Helping Families Who are Coping with Domestic Violence, Substance Abuse, and Other Risk Factors

Recent research on early brain development is providing compelling new data on the importance of strong nurturing relationships in the earliest years if children are to grow and thrive.[13] Helping families in which these relationships are already compromised because of multiple family risk factors, such as domestic and community violence, depression and other mental illness in parents, substance abuse, and the risks of child abuse and neglect, is recognized as a great need.[14] Among the 11 programs profiled are two that target vulnerable families with young children. One, the California Safe and Healthy Families (Cal-SAHF) program, is an intensive home visiting model that enrolls "overburdened" families, i.e., families with multiple personal, economic, and social problems, with the aim of preventing the out-of-home placement of young children, including those in families affected by TANF. The other, Project BEFORE, is administered through a community mental health center. Its target population is similar, families with very young children in which there is substance abuse or mental illness.

California Safe and Healthy Families (Cal-SAHF), California

The California Safe and Healthy Families (Cal-SAHF) program is administered by the Office of Child Abuse Prevention of the California Department of Social Services. The program targets families who are confronting multiple burdens, primarily those with very young children who may be at risk for out-of-home placement. Using multidisciplinary service teams, many of which include staff from CalWORKS (California's TANF program), the program combines intensive home visiting with center-based services. Based on a best-practices approach, the Cal-SAHF model aims to incorporate the strongest elements of nationally-recognized home visiting models, while promoting community flexibility in its implementation.

California Safe and Healthy Families (Cal-SAHF)

- ✓ The state is currently funding seven Cal-SAHF sites working with families with children three years or younger. (Services may begin prenatally.)
- ✓ Cal-SAHF uses a multidisciplinary team approach to streamline and coordinate the provision of services to families who are likely to be involved with multiple systems and multiple services providers. In response to welfare reform, many teams include a CalWORKS staff person.
- ✓ Cal-SAHF staff have received multiple trainings regarding the changes in welfare. During home visits and parenting classes, they help families to understand CalWORKS rules and requirements.
- ✓ By inviting them to parent support groups and to talk to individual families, the program has tried to give policymakers and their representatives a first-hand understanding of the issues faced by families affected by welfare changes, especially those with multiple barriers to employment.
- ✓ The state Office of Child Abu Prevention, in collaboration with the Office of Criminal Justice Planning, has developed a statewide comprehensive prevention and treatment initiative called Answers Benefiting Children (ABC). The initiative aims to create integrated services and funding, collaboration among providers, and systemic change at the county level. Services to be integrated include the Cal-SAHF family support home visiting model, family resource centers, and child abuse treatment services.

Project BEFORE, Southeast Kansas

Project BEFORE (Bridging Empowers Families to Overcome Risks and Excel) is a behavioral health home visiting program that supports families with substance abuse and mental health disorders and very young children. The program, which serves a four-county rural area in Kansas, was one of seven demonstration programs focusing on high risk young children and their parents funded by the Center for Mental Health Services of the Substance Abuse, Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services.[15] Combining strategies from Healthy Families America (a home visiting model) and a family involvement planning process known as "family wraparound," Project BEFORE focuses on a very needy, but largely ignored, group of young children and their families.[16] To help families meet the challenges of welfare reform, the program has stepped up efforts to help parents address barriers to employment.

Project BEFORE

- ✓ Project BEFORE responds to the needs of a target population of great concern but for whom there have been few focused services.
- ✓ Project BEFORE supplements the strategies of a well-known home visiting program, Healthy Families America, with behavioral health services targeted to parents with substance abuse and mental health disorders.
- ✓ In response to welfare reform, the program has increased efforts to help mothers address work-related issues, worked to enlarge child care options, conducted cross training with TANF personnel, and provided more intensive supports to staff.
- ✓ Project BEFORE has found that effective staffing strategies for this challenging population include using home visitors who themselves are in recovery and providing both group and individual supervision and staff problem-solving opportunities.
- ✓ An evaluation of Project BEFORE showed significant improvements in outcomes for 205 families served, including improved utilization of physical and behavioral health services and increased work-related activities. At the time of intake, 17 percent of the mothers were working or going to school. After six months of receiving support, 67 percent were working and 19 percent were in school.

Developing Formal Partnerships Linking Early Childhood Programs and Welfare Agencies at the State and Local Levels

Two examples of cross-agency and intergovernmental partnerships involving early childhood and welfare programs are the Washington Partnership (in Washington state) and the West Virginia Partnership Challenge Grant. In both instances, the Head Start State Collaboration Project is involved.

The Washington Partnership, Washington State

Washington state has developed an intergovernmental partnership involving state, local, and federal agencies. A direct response to welfare reform, the partnership links the state's existing network of early childhood programs, including federally- and state-funded Head Start programs and the state-funded Early Childhood Education and Assistance Program (ECEAP, the state's pre-kindergarten program), with the state agencies implementing welfare reform. The state partners include the state Department of Social and Health Services, the Department of Employment Security, the Department of Community Trade and Economic Development (which funds ECEAP), and the Head Start State Collaboration Project. Federal partners include Head Start and child care administrators from the Administration for Children and Families, Department of Health and Human Services, Region X office. The Puget Sound Educational Service District, which administers Head Start and ECEAP in two counties, is a partner in a local pilot project, along with the local administrators of WorkFirst, Washington's TANF program.

The Washington Partnership

- ✓ The initiative is a formal collaboration among federal, state, and local early childhood and welfare partners whose stated goal is to address the needs of young children and parents as families move toward economic self-sufficiency.
- ✓ The Partnership has promoted the blending of funds across Head Start, pre-kindergarten (ECEAP), and child care subsidies to provide full-day, full-year child care with comprehensive services.
- ✓ The local pilot project builds on the employment training programs that the Puget Sound Educational Service District (PSESD) has provided since 1994 to families enrolled in Head Start and ECEAP. Through contracts with the state, the PSESD provides employment services specifically designed for TANF families, which satisfy WorkFirst requirements.
- ✓ As part of the pilot project, nine "triads"—comprised of contact persons from the local welfare and employment offices and one from Head Start/ECEAP—come together periodically to improve communications and to better meet the needs of families that the agencies serve in common.
- ✓ The Partnership promotes cross-agency training among the partners in family-centered practice and principles, as well as training related to welfare implementation.
- ✓ An ongoing evaluation has provided corrective feedback to the effort, particularly around training. The evaluation has also helped the partners clarify their vision and goals and has provided guidance for replicating the initiative in other parts of the state.*

*These results are described in *Report of Findings from the Evaluation of the Washington Partnership*, which was prepared by the Evaluation Center of the Northwest Institute for Children and Families, School of Social Work, University of Washington-Seattle.

BOX 5

Lessons on Collaboration from the Washington State Partnership

- Acknowledge and honor the differences among the partners and build on the strengths of each.
- Develop a common vision and goals early in the process to help overcome differences in agency culture and emphasis.
- Establish and maintain solid interpersonal relationships and communication.
- Build the support of high-level state and federal partners and keep them informed.
- Respect and enable local creativity and energy. Identify the potential for success at the local level and understand that dynamic action happens at this level.
- Since staff turnover at all levels is predictable, develop a plan to keep the vision and momentum for the partnership ongoing.
- Develop a plan to facilitate decision-making.
- Keep records.

For other resources on collaboration see Knitzer, J.; Collins, A; Oshinsky, C; Stout, L.; Weiss, H.; Schilder, D.; Riel, E.; Smith, J. C. & Strategic Partners from the Starting Points Sites. (1997). *Starting points. Challenging the "quiet crisis." A description of the Starting Points sites.* New York, NY and Cambridge, MA: National Center for Children in Poverty, Columbia School of Public Health and Harvard Family Research Project, Harvard University Graduate School of Education; Melaville, A. I.; Blank, M. J.; & Asayesh, G. (1993). *Together we can: A guide for crafting a profamily system of education and human services.* Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement, and National Center for Services Integration. (1993–1999). Resource Brief Series. Des Moines, IA: National Center for Service Integration, c/o Child and Family Policy Center.

The Partnership Challenge Grant, West Virginia

The state of West Virginia has also developed a partnership effort. It involves the West Virginia Head Start Association, the Office of Family Support (which administers West Virginia Works, the state's TANF program), the Head Start State Collaboration project, and the state's welfare reform coalition. The impetus for the partnership came from informal focus groups with Head Start families in West Virginia. These revealed significant confusion and anxiety among Head Start families about what welfare changes would mean. Serendipitously, the National Head Start Association, with support from the W. K. Kellogg Foundation, was offering small challenge grants to the Head Start community to promote smoother implementation of welfare reforms for Head Start families.[1] This served as the immediate catalyst for the formation of the West Virginia partnership. The initial aim was to ensure that Head Start parents and staff were well informed about the changes in welfare and the implications of those changes. The initiative has evolved to address a broader set of issues related to the implementation of welfare and the needs of families with young children.

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The West Virginia Partnership Challenge Grant

- ✓ West Virginia Head Start and the Office of Family Support established a Memorandum of Understanding which outlines their shared vision for families. There are also efforts to make the Head Start Individualized Family Service Plan and the West Virginia Works Personal Responsibility Contract compatible.
- ✓ Head Start now provides families with information about West Virginia Works, and the Office of Family Support encourages families to participate in Head Start for child care and education, parenting classes, and the development of job readiness and literacy skills.
- ✓ The Partnership has promoted statewide cross training between Head Start personnel and Office of Family Support staff. Cross training also occurs at the local level.
- ✓ To foster local activities, the Partnership provides mini-grants to individual Head Start sites. One site used a mini-grant to convene local businesses and the Chamber of Commerce to share information with employers about how to maximize job opportunities and employer support for families transitioning from cash assistance.
- ✓ The partners anticipate that the ties forged through the challenge grant will continue to seed new initiatives.

Some Overall Implications

It is clear that many of the approaches described here could be replicated elsewhere. The examples from the states reflect approaches that are within the scope of what virtually all the states could do. Most states support early childhood programs and/or have federal early childhood programs that serve low-income children. States may have TANF surpluses that could be reinvested. All states are in a position to develop formal state and local partnerships to promote the healthy development of young children in the context of welfare reform. Most states have state or community foundations that could serve as catalysts for new initiatives. And all states have the kinds of creative early childhood staff and directors who, working with the families themselves, can develop or adapt programs responsive to the emerging needs of families.

Specific Strategies to Meet the Emerging Needs of Families with Young Children

The previous section focused on overall approaches to integrating welfare reform and early childhood agendas that are emerging at the state, community, program, and foundation levels. This section focuses on the "how to's." It examines what is being done to both facilitate parental success with welfare requirements and work and to promote positive outcomes for young children. From the information we gathered, across the programs and initiatives, five clusters of strategies emerge:

- Strategies to use early childhood and welfare staff to educate families about new welfare requirements.
- Strategies to adapt early childhood programs to better meet the needs of young children and families affected by welfare changes.
- Strategies to promote access to high-quality child care that addresses family needs.
- Strategies to link welfare agencies and early childhood programs and to forge cross-system partnerships.
- Strategies to create feedback mechanisms for families and those working with them to voice concerns as welfare implementation proceeds.

Examples illustrative of each of these types of strategies are highlighted below. Further details may be found in the program profiles in Appendix B.

Strategy 1: Use early childhood and welfare staff to educate families about new welfare requirements.

As is true with any new major policy, there is often initial confusion and misinformation among those affected by it. This confusion seems particularly great with respect to new welfare rules and regulations, in part because states have so much discretion about how to implement the changes. Preliminary data, for instance, suggest that only one-fourth of a sample of parents and primary caregivers enrolled in or eligible for Early Head Start knew that the new rules required them to work to get cash assistance or to work after a specified time period (see Box 6). Confusion about who can get help with child care and how to access it also appears to be widespread, as reported in our sample and elsewhere.[18] Reported strategies to address this confusion include:

- Training child development and family support staff on new welfare rules and their implications for families.
- Including a representative from the local welfare office on multi-disciplinary teams working with families participating in intensive home visiting.
- Developing and widely disseminating family-friendly educational materials that clearly explain welfare requirements.

- Systematically incorporating information about welfare changes into what is discussed at Early Head Start and Head Start home visits.
- Training parent leaders, such as Head Start Policy Council members, on welfare requirements.

BOX 6

Parents' Knowledge of New Welfare Rules: Preliminary Findings from Early Head Start

Preliminary findings from research conducted in late 1997 and early 1998 with 985 parents and primary caregivers in 13 states who are part of the national evaluation of Early Head Start suggests that most families affected by TANF were either unaware of, or confused by, the new welfare requirements.[14]

All parents or primary caregivers (such as grandparents caring for young children) who completed the survey had incomes below the poverty level and most were likely to be affected by the new welfare rules. About one-half of the parents/caregivers were enrolled in Early Head Start. All of the women were either pregnant or had a very young child. About two-thirds were single parents, and more than two-fifths had less than a high school education. Just over one-third of the parents were teenagers. About one-third of the parents/caregivers were African American, nearly one-fifth were Hispanic, nearly two-fifths were Caucasian, and the remainder were from other ethnic groups. About one-third of the parents/caregivers were receiving Temporary Assistance for Need Families (TANF) at the time they enrolled in the research. The survey was administered soon after programs began to serve families and provides a baseline for ongoing study of the effects of welfare reform on Early Head Start as well as other families.

Confusion or lack of knowledge about the new welfare rules and child care assistance was common among the parents/primary caregivers in the research. More than half (54%) reported that they felt uninformed about the new work requirements or did not know how well-informed they were. Even more (80%) said that they were not well informed about child care rules and services. Parents/primary caregivers who were receiving TANF when they enrolled in the research were more likely than those not receiving TANF to feel well-informed, but even so, one-third of them did not feel well-informed about the work requirement and two-thirds did not feel well-informed about child care rules and services.

When asked what they knew about the new work requirement, very few parents/caregivers described the work requirements, time limits, or school attendance requirement. Only one-fourth of the parents/caregivers indicated that they must work to get cash assistance or that they must work after some period. Even fewer (14%) mentioned the time limit for working or receiving cash assistance. Parents/primary caregivers who were receiving TANF when they enrolled in the research were more likely to mention the work requirements (38%), time limits (20%), and school attendance requirement (14%), but the majority did not.

The parents/caregivers got whatever information they had about the new requirements from a variety of sources. The most common sources mentioned were welfare agency notices (16%), friends or family members (15%), television (14%), and someone from another agency (13%).

Prepared by Ellen Kisker and Carol McAllister based, in part, on a policy brief developed by the Early Head Start Welfare Reform Work Group (Kathy Thornburg, Ellen Kisker, John Love, Helen Raikes, Carol McAllister, Mark Spellmann, Jean Ann Summers, Mark Swanson, Norman Watt, and Jane Wellenkamp) in collaboration with members of the Early Head Start Research Consortium based on data collected by the Consortium and analyzed by Mathematica Policy Research, Inc., under contract 105-95-1936 with the U.S. Department of Health and Human Services. The information in this box does not necessarily reflect the views or policies of the U.S. Department of Health and Human Services, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

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Strategy 2: Adapt early childhood programs to better meet the needs of young children and families affected by welfare changes.

Under welfare reform, mothers of young children face many challenges. They must participate in the work force, often for the first time. They must balance parenting with working between 20 to 30 hours a week—a difficult challenge for two parents with adequate incomes, let alone single parents with marginal incomes. They must address barriers to employment, such as depression, domestic violence, and substance abuse. And sometimes, because of paternity requirements, they must deal with their children's fathers in new ways. Welfare reform has also put more pressure on non-custodial fathers to support their children.

How early childhood programs adapt to these new realities while preserving the core of their programs is a central question. That core involves providing experiences that strengthen the development of young children and help parents nurture their children, and themselves, more effectively. The strategies reported to address the changing needs of families affected by welfare changes while holding fast to this core mission are highlighted in three categories:

- Helping parents successfully meet work requirements and gain stable employment.
- Reaching out to fathers and helping mothers address paternity, child support, and other related issues.
- Adjusting hours and staffing to better meet family needs.

Helping parents successfully meet work requirements and gain stable employment. Many of the families served by the programs and initiatives profiled in this report have had little or no labor force experience. For such families, as one program director put it, a "dizzying array of small challenges" must be overcome to obtain and maintain employment. Issues such as getting up at the same time everyday and following basic job protocol (e.g., calling in when sick or in a family emergency) present minor but seemingly endless difficulties. Others, such as controlling anger, having a back-up plan for sick child care, or dealing with car crises, pose even greater hurdles. Reported strategies to help families manage and balance TANF work requirements, transitions to employment, and family needs include:

- Bringing welfare staff onsite through contracts with state or local TANF agencies.
- Using the time that parents with infants are exempt from work requirements to prepare them for employment.
- Working out agreements to recognize Head Start and Early Head Start job readiness activities as meeting TANF work requirements.

- Training interested TANF recipients for careers in child care.
- Reaching out to local employers to help them understand and anticipate the issues faced by families with young children entering the labor force.

Reaching out to fathers and helping mothers address paternity, child support, and other related issues. One of the premises of the PRWORA is that fathers have a responsibility to their children both as economic providers and as nurturers. Based on our sample, this has affected early childhood programs by highlighting the need for programs to reach out to fathers, as well as the need for staff to help mothers understand and deal with paternity-related issues that may affect their access to public assistance. Reported strategies to address these challenges include:

- Encouraging fathers to be part of the enrollment process in early childhood programs and offering them peer support groups.
- Creating work-training and parenting skill-building opportunities for fathers within early childhood programs.
- Training staff about the paternity and child support-related requirements of the PRWORA and helping them address the conflicts and dilemmas these requirements sometimes raise for mothers and their children.

Adjusting hours and staffing to better meet family needs. In addition to adapting their programming to address the emerging welfare-related needs of families with young children, some early childhood programs have adjusted their hours of operation and staffing practices. Reported strategies include:

- Extending program and service hours to evenings and weekends to accommodate parents' work schedules.
- Training and/or adding staff to address employment readiness, focus on fathers, provide mental health support to families and staff, and to address other emerging needs.
- Providing increased supports to frontline staff to help them manage their own stress as they deal with families who are overwhelmed, angry and/or feeling hopeless.

Strategy 3: Promote access to high-quality child care that addresses family needs.

Many families with young children who are affected by welfare changes do not need intensive supports. They want to work, but they need access to jobs with livable wages and reliable transportation, and they need high-quality child care. Several program directors reported involvement in broader efforts (i.e., beyond their own programs) to strengthen the network of child care available to families affected by TANF. They reported the following strategies:

- Blending funding for child care subsidies, pre-kindergarten, and Head Start to offer full-day care with comprehensive services.
- Using Early Head Start staff to offer training to child care providers caring for infants and toddlers.
- Establishing child care resource and referral programs within welfare agencies for families receiving TANF or transitioning to work to provide them with easy access to information.
- Developing community planning teams to assess and address gaps in child care (e.g., care during non-traditional hours, infant care, and care for children with special needs).
- Training and certifying child care workers, raising salaries, and providing education and experience in child care to interested and qualified TANF recipients.
- Increasing subsidy reimbursement rates to providers and improving the timeliness of payments.

Strategy 4: Link welfare agencies and early childhood programs and forge cross-system partnerships.

Cross-agency and cross-system activities—whether formal or informal—can help generate solutions to problems that programs cannot solve on their own. Although such cross-agency and cross-system efforts, especially those that also cut across governmental levels, are not yet widespread, connections are beginning to be made, especially those that link early childhood programs and community planning mechanisms with TANF. Helping various stakeholders, especially staff from different agencies and systems, to understand each other's goals, roles, and expectations seems to be critical to promoting the kind of integrated planning and services that families find most helpful. Reported strategies involving cross-system activities fall into three major categories:

- Planning
- Training
- Coordinating and integrating service delivery

Planning. Several cross-system strategies involve planning and facilitating communication among stakeholders. They include:

- Involving a broad range of agencies in a county-wide planning process about how to make welfare reform successful for families with young children.
- Developing a shared vision statement, goals, and new procedures across public agencies.
- Creating opportunities through formal partnerships to promote cross-system dialogue at both state and local levels.

- Developing forums to inform the larger community about the changes in welfare at a general level, as well as how they impact families with young children in particular.

Training. Reported cross-system training strategies include:

- Conducting joint trainings for Head Start and local welfare staff as part of larger partnership efforts.
- Training welfare workers onsite at parent-child centers to educate them about family support perspectives and strategies.
- Orchestrating county-wide cross-system training involving TANF, child welfare, substance abuse, domestic violence, and mental health.

Coordinating and integrating service delivery. Over half the programs profiled reported concerns about families having to deal with multiple agencies and systems to get the services they need, emphasizing the stress and conflicts this sometimes creates. Strategies they are implementing to address these issues include:

- Creating statewide or state/local partnerships that formally link welfare agencies and early childhood programs to streamline service delivery to families with young children.
- Investing TANF dollars in child development, family support, and other programs serving TANF families.
- Co-locating welfare and child care programs to make services more convenient and to reduce transportation barriers.
- Using multi-disciplinary teams with representatives from multiple systems, including TANF, to help home visitors coordinate service delivery to families.

Strategy 5: Create feedback mechanisms for families and those working with them to voice concerns as welfare implementation proceeds.

Any policy change as sweeping as the restructuring of the nation's welfare system in 1996 will inevitably produce some unexpected results that may require finetuning or reworking. Thus, many programs reported the need to create opportunities for families and service providers to provide feedback to policymakers about how welfare changes are—or are not—working and about how the needs of young children and their families could be better met. Reported strategies for doing so include:

- Holding focus groups with families to assess their needs.
- Using a network of knowledgeable providers and the families they serve to provide formal and informal feedback to the state welfare implementation team.

- Providing feedback from Head Start Policy Councils to policymakers through a state/local partnership.
- Bringing decision-makers to parent support groups and on home visits so they can better understand the issues faced by families affected by welfare policies.

In sum, the strategies reported by this small group of programs and initiatives strongly suggest that early childhood programs and, to a lesser extent, welfare agencies are actively engaged in trying to find new ways of providing family support and continuing to promote the well-being of young children in the context of welfare reform. Some programs are focusing on ensuring that families get all the help they are allowed. Others are training or adding staff to assist parents in preparing for jobs, helping them to understand what to expect in the work place and what is expected of them. Many are trying to find ways to celebrate family strengths in coping with the changes that they are experiencing. Still others are working to create peer networks of families or to create mechanisms to give families a greater voice. All are finding small or large ways to respond to the new realities facing families in their programs.

BOX 7

The Challenge Ahead

In a recent article, David Berns and Barbara Drake of the El Paso County, Colorado Department of Human Services, which administers TANF, articulate the challenge ahead.

> *"Despite [the] good news [lowered caseloads and sometimes lowered child welfare utilization], we know that many of our communities and families still have many needs. The low paying jobs many former welfare recipients have secured may offer more money than their TANF payment, but such jobs are still not sufficient to move these families out of poverty. An appropriate strategy needs to be set in place to help formulate and support long-term self-sufficiency goals: to develop skills to move into higher paying jobs, to manage family demands competently in the face of requirements for good daily work performance, and to attend to family development tasks, so that the next generation can build on the successes of this one. Addressing these complex and challenging issues is, in the final analysis, more important to the long-term success of the TANF program than simply getting people into the labor force."*

Source: Berns, D. & Drake, B. (1998). Promoting safe and stable families through welfare reform. *The Prevention Report: National Resource Center for Family Centered Practice (2)*, pp. 4-8.

Common Themes and Concerns

We asked those with whom we spoke to share their reflections about welfare reform at this point in time, including observations, concerns, and issues that remain to be addressed. The responses cluster in three categories: family issues, issues related to child development and family support programs, and issues related to child care for working families.

Family Issues

Staff report both gains and risks for families under welfare reform.

- Almost all programs reported that for some families, working has been a positive experience, building a sense of pride and accomplishment.
- Almost all programs reported widespread concern about increased stress levels among other families, particularly those affected by substance abuse, mental illness, domestic violence, and/or physical illness. Most also stated that there are few community or state planning efforts on behalf of this vulnerable population and few intensive services that staff can turn to on behalf of these families.[20]
- Staff worry about what will happen when time limits hit the small group of families who are unlikely to obtain and maintain employment (e.g., parents with developmental or emotional limitations and parents whose children have severe developmental or emotional limitations). In some states, policy decisions about who will be exempt from work requirements have not been made, creating confusion at the direct service level.[21]
- To a lesser extent, there were also expressions of concern about how welfare changes are affecting children, as they try to adjust to increased separation from their parents (who are spending more time in employment-related activities) and to increased parental exhaustion and stress.

Staff members also expressed concern about what lies ahead for families. Most often cited were the following:

- Concerns about how families will manage if parents meet work requirements but earn wages that are too low to support their families.
- Concerns about what will happen to working families who remain on TANF to supplement meager wages but exhaust their benefits (by reaching time limits), leaving them unprotected in the future.
- Concerns about how parents who must accept low-wage jobs in the short-run will get the education and training they need to earn more money for the long-run. (Under the 1996 welfare law, strict rules govern education and training, making it difficult for low-skill workers to increase their skills and earnings potential.)

- Concerns about what will happen to families who manage to leave cash assistance for employment but find they are no longer eligible for child care subsidies or health benefits.

Program Issues

- There is a perceived tension between the imperatives of welfare reform and the customary approaches of many early childhood and family support programs. Staff feel that their success with families facing challenges depends upon their ability to build positive and trusting relationships with them, a process that takes time. Some programs explicitly try to provide a "reparenting" experience to parents, modeling for them new ways of interacting so they can in turn try new ways of relating to their children. Others simply try to help families by working on issues of most concern to the family. TANF puts new time constraints on these processes.
- Some staff reported increased difficulty in enrolling families in child development and family support programs.[22] Others worry about how they can promote strong parent-child bonds when parents are so focused on meeting TANF requirements.
- Some programs report more difficulty engaging parents in leadership building activities, such as governance councils, and other community activities. In the past these have been important steps in building confidence in parents, who have then gone on to play leadership roles in the community, returned to school, or found better jobs.

Child Care Issues

- Almost all of the respondents expressed concerns about child care. The concerns ranged from an inadequate supply of regulated care to poor quality to families not having access to subsidies. Taken together, problems with child care capacity, quality, and subsidy policies resulted in many families being forced to rely on a patchwork of arrangements with multiple caregivers, instead of stable arrangements with well-trained and supported caregivers.
- Despite the efforts of some states and localities to increase the capacity of regulated child care, some programs reported that it remains insufficient. Some staff expressed concern that there was no regulated care available for non-traditional hours (although others stated that many parents who require overnight care prefer informal arrangements). Staff expressed concerns about the quality of care across all settings, from regulated center-based care to care by relatives. (In the case of relative care, one program expressed concerns that parents were forced to rely on relative caregivers who had difficulties performing their own parenting roles.)

- Some programs reported concerns about subsidy policies, some of which were specific to their state or community. These concerns included providers not being reimbursed adequately or in a timely way, narrow eligibility criteria, and high co-payment requirements which made care unaffordable.

Some Overall Implications

A few of the issues and concerns discussed above point to additional strategies that could be generated from within. For example, some early childhood program staff expressed concerns about families losing child care and health benefits upon transitioning to employment, yet few sites mentioned strategies to inform families about how to ensure continued access to benefits for which they are eligible. Under the provisions of the State Children's Health Insurance Program (CHIP) created by federal legislation in 1997, states have greatly expanded health insurance eligibility for children, so that most children need not be uninsured.[23] But families cannot avail themselves of such benefits if they are not aware of them or do not know how to access them. This suggests that both early childhood programs and welfare agencies could do more to make comprehensive information available to families about how to secure various benefits for which they are potentially eligible. These include not only child care subsidies and health insurance but also the federal Earned Income Tax Credit, state income tax credits, and food stamps, as well as more specialized programs and services.[24]

It is important to note that issues or challenges reported by some programs were opportunities for innovation in others. For example, the child care programs and initiatives profiled in this report, as well as some of the child care strategies reported by other programs, address many of the concerns expressed above. This suggests the importance of disseminating strategies widely.

Reflections and Observations

The strategies reported here for promoting and enhancing the well-being of young children while ensuring parental success in the transition to work are only one component of a bigger picture. That big picture is reflected in the observations below, which includes points of potential leverage for the future as well as areas of special risk.

Catalysts for helping early childhood programs and welfare agencies respond to the changing needs of families take many forms. In the approaches highlighted in this report, most typically, the catalysts came from within the programs themselves, generally as staff and directors responded to the concerns and confusion of families. But outside forces, such as government at all levels, foundations (for example, the W. K. Kellogg, Skillman, and Frey foundations in Michigan), or national organizations (such as the National Head Start Association) can also be important, providing some combination of challenge grants, vision, and resources.

Early childhood program strategies to help parents with employment have, for the most part, focused on obtaining a job. Few programs reported support groups or other strategies to help families deal with workplace issues (e.g., anger management), retain jobs, or cope with TANF sanctions. It has been said that getting off and staying off welfare is a process, not an event. Indeed, from one perspective, welfare changes are just beginning. It is not uncommon for major federal legislation to be in effect for many years before a clear picture of impacts and issues emerges. But this legislation ticks to a new policy clock. It involves getting information about the new rules, getting jobs, retaining jobs, and avoiding sanctions and time limits. Not surprisingly, early childhood programs have not been able to address all of these issues.

Early childhood programs are deeply concerned about the most vulnerable families, but few report any systematic strategies to engage in community-wide planning or TANF-linked planning on their behalf. Vulnerable families are viewed as those likely to be sanctioned or to reach time limits without adequate income. They encompass many families with severe family and work-related barriers, including substance abuse, domestic violence, and mental illness, but their needs are just beginning to be recognized.

The variation in state and local welfare policies has significant implications for programs for young children and families. Perhaps most characteristic of the implementation of TANF is the reality of enormous state-by-state and even community-by-community variation. State-level policy decisions set ceilings or frame opportunities for programs seeking to improve outcomes for young children and their parents. Whether early childhood programs, or only employers

and employment programs, are seen as a resource in implementing welfare reforms makes a difference. Whether early childhood programs have an opportunity to influence decisions about the implementation of TANF makes a difference. Whether early childhood programs working with infants and toddlers see the time period that mothers are exempted from work requirements (which varies by state and even by county) as an opportunity makes a difference. Whether programs can intervene with a particular parent to address a particular barrier makes a difference. All these things matter in ways not true in the past.

With some notable exceptions (such as the programs in Ohio and El Paso County, Colorado profiled in this report), child development and family support programs are not seen as a resource to those implementing TANF. For those young children and families affected by welfare reform who are enrolled in early childhood programs, parents tend to trust the staff and the programs. This means that staff can be allies in helping families understand and accept changing rules, often more easily than strangers. Further, early childhood programs, if given the right supports from other community agencies, may have the special capacity to reach and motivate the most distressed families.

Most reported strategies to link TANF and early childhood programs are informal. The links have been deliberate but not systematic; most have been initiated by early childhood programs. This report reflects a cross section of the types of early childhood programs serving families affected by TANF. As such, it provides a map for TANF administrators and planners interested in using the early childhood community more deliberately as a resource in the successful implementation of TANF.

Among the early childhood programs profiled, there were only a few instances in which programs had been able to influence policies related to TANF or to partner with community and state welfare administrators to address emerging policy issues. Relatively few programs reported the opportunity to participate in policy decisions about welfare implementation, or even to provide decision-makers with feedback about how the process is working either at the state or the community level, even though they know first-hand how families and young children are being affected.

The experience with welfare is making questions about family income more salient for early childhood program staff. Virtually all those with whom we spoke commented on the issue of "livable wages," recognizing that even when jobs are available, they often pay too little, provide too few, if any, benefits, and do not offer long-term opportunities for advancement.

Toward the Future

Taken together, this early picture of the links between child development and family support programs and welfare is both promising and sobering. It is promising in the many examples of creative commitments to foster healthy child and family development in the context of welfare changes. It is sobering in that so much more could be done to promote the success of young children and their families and the success of welfare reform. In particular, it is sobering that so many of the reported links across welfare and early childhood are informal, lacking the structural and resource supports necessary to sustain them. Below are a series of recommendations designed to strengthen programs, policies, and collaborations to ensure that low-income young children and their families benefit from welfare changes.

The recommendations are organized in three clusters. The first addresses what early childhood programs can do to facilitate economic security for young children, improved parenting, and stronger child development. The second addresses what steps those administering TANF can take to work more closely with the early childhood community. The third suggests what collaborations involving TANF, the early childhood community, and others can do to be more responsive to the needs of families with young children affected by welfare changes.

What Early Childhood Programs Can Do

Ensure that staff are knowledgeable about all relevant welfare-related policies and potential resources that might help participating families.

- Make sure that staff and families are knowledgeable about TANF provisions specific to their own state and community. Welfare recipients who are not aware or are misinformed about the new requirements are less likely to be able to make and sustain the transition to economic self-sufficiency successfully.
- Make sure that staff and families are knowledgeable about other income-related benefits to which families and children are entitled, such as the Earned Income Tax Credit, child support enforcement income, and food stamps.
- Make sure that staff and families are knowledgeable about child-related resources which families might access on behalf of their children, such as health benefits through Medicaid or the State Child Health Insurance Program, child care subsidies, and if appropriate, early intervention and special educational services.

Assess how well early childhood programs are meeting the needs of families with young children affected by welfare changes.

- Create on-going mechanisms, such as focus groups or peer support groups, to get feedback from families about how well the program is meeting their needs and about how welfare policies are affecting them and their children.
- Assess whether child development and family support strategies are effective for families experiencing special burdens (e.g., teen families, immigrant families, families in which grandparents or other relatives are caring for children, and families with young children with special emotional, behavioral, or developmental needs).

Adapt early childhood program strategies to meet the emerging needs of families with young children affected by welfare reform.

- Develop a support process for families transitioning to work to help them meet the dual demands of work and parenting.
- Whenever possible, provide support services to young children onsite to reduce the strain on overburdened parents.
- Expand outreach strategies to fathers whether they live with their children or not.

- Join with other community organizations (e.g., domestic violence, mental health, and substance abuse agencies) to better address prevention and treatment issues for those families who are most vulnerable.
- Reach out to informal care providers (e.g., grandparents, aunts, and neighbors) and offer them resources and training opportunities.[25]

Strengthen staff training, supports, and compensation.

- Train early childhood program staff to provide clear information to families, help them take advantage of all resources available to them, and get help if they have questions about whether TANF procedures and polices are being fairly applied.
- Strengthen onsite mental health consultation to staff who may be overwhelmed by the level of need of the families and young children they serve. Provide opportunities for staff to discuss new job-related stresses and burnout.
- Recognizing that many staff in early childhood programs are themselves low-wage earners, work to increase subsidy reimbursement rates on their behalf.

What TANF and Other Welfare-Related Programs Can Do

- Develop formal arrangements at the state and local levels for early childhood programs to carry out tasks related to families' self-sufficiency plans.
- Train TANF and related staff (e.g., child welfare) on a statewide and local basis in family-centered practices and to attend to the developmental needs of young children.
- Ensure that those implementing welfare reform are knowledgeable about child development and family support programs as well as child care resources, and make referrals to these programs where appropriate.
- Co-locate staff with special expertise (e.g., domestic violence workers, child welfare workers) within TANF offices to facilitate early intervention and prevention.
- Use TANF interviews and assessments to screen and identify those families for whom intensive services are needed (e.g., parents who are mentally ill) and where young children are likely to be affected adversely by welfare rules (e.g., cases in which families are sanctioned and income is reduced).

What Early Childhood and TANF and Other Welfare-Related Programs Can Do Jointly

- Team together to develop formal and informal partnerships at both the state and local level to promote the well-being of young children while promoting the economic and parenting self-sufficiency of their parents.
- Develop a shared agenda focused on families with young children experiencing the most severe barriers to work. These families face the most difficulty in meeting work requirements, and their children are the most vulnerable to poor outcomes and most in need of child development support services.
- Convene joint state or community forums to provide feedback on welfare reform implementation in relation to families with young children; address challenges and identify strategic opportunities to work together.
- Engage the business and foundation communities in dialogue to strengthen the community support structure.
- Promote evaluations of the impact of welfare changes that include attention to indicators of young child well-being (e.g., health status, social and emotional development, school readiness).

Taken together, it is clear that there are programs, foundations, states, and communities that are actively engaged in efforts to create and strengthen family support and child development strategies for families affected by welfare reform. Efforts are still limited and scattered, but they exist, and there is much to celebrate and build on in this compilation of early responses from the early childhood community. This report sounds a challenge to develop and expand a joint agenda with those implementing welfare to promote economic security, secure parenting, and healthy child development at a time in young children's lives when there is most likely to be a long-term pay off.

Endnotes

1. In 1994, about 67 percent of AFDC recipients were children, and 46 percent of these children were under age 6. Although comparable figures are not yet available for TANF, the figures remained fairly steady from year to year under AFDC.

U.S. House of Representatives, Committee on Ways and Means. (1996). *1996 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means.* Washington, DC: U.S. House of Representatives, Committee on Ways and Means, pp. 471, 473.

2. Duncan, G. J. & Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor* [edited papers from a conference co-sponsored by the National Institute for Child Health and Human Development and the Russell Sage Foundation, February 2–3, 1995, at the National Academy of Sciences]. New York, NY: Russell Sage Foundation.

3. Gomby, D. S. & Larner, M. B. (Eds.) (1995). Special issue: Long-term outcomes of early childhood programs. *The Future of Children*, 5(3), pp. 6–191, 212–221.

4. Shore, R. (1996). *Rethinking the brain: New insights into early development.* New York, NY: Families and Work Institute.

National Center for Children in Poverty. (1997). *Poverty and brain development in early childhood* [Fact Sheet]. New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

5. Evidence comes from the increasing number of statewide initiatives promoting child development and family support programs gathered every two years by the National Center for Children in Poverty for its *Map and Track* Series; from the establishment of the Starting Points initiative by the Carnegie Corporation of New York in 1996 to model the recommendations of its Task Force on Meeting the Needs of Young Children in 14 sites across the country; and the growth of child care, medical leave, and flextime policies in the workplace.

Knitzer, J.; Collins, A; Oshinsky, C; Stout, L.; Weiss, H.; Schilder, D.; Riel, E.; Smith, J. C. & Strategic Partners from the Starting Points Sites. (1997). *Starting points: Challenging the "quiet crisis:" A description of the Starting Points sites.* New York, NY and Cambridge, MA: National Center for Children in Poverty, Columbia School of Public Health and Harvard Family Research Project, Harvard University Graduate School of Education.

Knitzer, J. & Page, S. (1998). *Map and track: State initiatives for young children and families, 1998 edition.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

Knitzer, J. & Page, S. (1996). *Map and track: State initiatives for young children and families.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

Families and Work Institute (1995). *Women: The new providers: Whirlpool Foundation study, part one.* New York: NY: Families and Work Institute.

6. Home visiting programs are diverse in structure and have a wide range of goals. These include promoting healthy parent-child relationships, enhancing children's cognitive and physical development, and preventing abuse and neglect. Many child development programs do not use home visiting exclusively, but rather as a strategy to supplement a broader set of activities to promote children's development and learning and family engagement. In a forthcoming report, the David and Lucile Packard Foundation present findings from an analysis of stand-alone home visiting programs that have been evaluated, which found that overall the results for children are less positive than had been hoped. The report discusses strategies for improving the effectiveness of such programs. See Gomby, D. S. & Culross, P. L. (Eds.). (1999). Home visiting: Recent program evaluations [special journal issue]. *The Future of Children*, 9(1). Available on the Web at: http://www.futureofchildren.org.

7. See Knitzer & Page (1998) and Knitzer & Page (1996) in Endnote 5. It is important to underscore that access to early childhood services varies by state and community, and by the child's age. Thus, three- and four-year olds, both because of the network of Head Start programs and the growing number of state-supported preschool programs, are more likely to have access to them. Programs for infants and toddlers, either through home-visiting efforts or through the network of Early Head Start programs, are growing, but still scattered. Further, we lack

national or state-by-state information on the percentage of young children who have access to child development programs.

8. Provisions include strengthening paternity support and child collection support provisions, and giving states the option of setting up special job-related programs for low-skilled, low-income fathers. Special funds have also been designated for adults experiencing "severe barriers to employment" including substance abuse, exposure to domestic violence, limited or no work experience, etc. For an analysis of provisions in PRWORA that relate to fathers and how states can use the welfare law to encourage responsible fatherhood, see: Bernard, S. (1998). *Responsible fatherhood and welfare: How states can use the new law to help children* (Children and Welfare Reform Issue Brief No. 4). New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

9. Although not explicitly related to welfare changes, in recognition of the reality that many low-income young children are uninsured, Congress has also provided incentives to states to expand coverage to children in low-income families through a program known as the State Children's Health Insurance Program (CHIP). The program was created by The Balanced Budget Act of 1997 (P.L. 105-33) as part of Title XXI of the Social Security Act. It grants states $48 billion over 10 years to use for insuring children, either through Medicaid expansions, a separate state program, or a combination of these approaches. Targeted will be uninsured children whose family incomes are over the Medicaid eligibility level but not high enough to afford private health insurance coverage. In addition, PRWORA authorized an allotment of $500 million in federal Medicaid matching funds to the states for administrative activities to prevent children and parents from losing Medicaid coverage as a result of welfare reform. Both programs include funding for outreach and enrollment activities.

10. There are two references to young children. States have the option to exempt mothers with infants from work requirements for up to one year, although the lifetime limit for cash assistance remains unchanged. (About half the states have elected this option to date.) Additionally, if parents can not find appropriate child care for children under age six, they are not required to work.

11. Queries to the states in a recent national report documenting growing state initiatives on behalf of young children and families found that only ten states reported attempts to link these efforts with welfare implementation. See Knitzer & Page (1998) in Endnote 5.

12. Vermont is currently operating under a waiver from the AFDC program rather than participating in TANF.

13. See Endnote 4.

14. Yoshikawa, H. & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs.* New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

15. Since these demonstration efforts were funded, there has been a subsequent initiative supported by SAMHSA, along with the Casey Family Foundation, that is focused on young children. Known as Starting Early Starting Smart, it supports integrated behavioral health services to young children and their families in both primary health care and early childhood settings.

16. Typically, there are no services for such parents or their children, or the parents are offered substance abuse or mental health services, but their role as parents is ignored.

See Knitzer, J. (forthcoming). *Promoting resiliency among the most stressed young children and families: Toward more responsive welfare-linked policies and programs.* New York, NY: National Center for Children in Poverty, The Joseph L. Mailman School of Public Health, Columbia University.

Woolverton, M.; Wischmann, A.; McCarthy, J.; & Schulzinger, R. (1998). *Welfare reform: Issues and implications for children and families who need mental health or substance abuse services.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

17. The National Head Start Association was given a three-year grant by the W. K. Kellogg Foundation to promote partnerships between Head Start and other groups. For the third and final year of the grant, the priority was to encourage states to focus on facilitating the implementation of welfare reform.

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18. Nelson, D. W. (1997). Making quality child care a reality for America's low-income working families. In: Annie E. Casey Foundation, *Kids Count data book: State profiles of child well-being*. Baltimore, MD: Annie E. Casey Foundation.

Philadelphia Citizens for Children and Youth. (1997). *Watching out for children in changing times*. Philadelphia, PA: Philadelphia Citizens for Children and Youth.

19. For the national evaluation, the EHS Research Consortium conducts periodic interviews with about 3,000 low-income families who were eligible for EHS, half of whom were randomly selected to receive EHS services. Six months after families enrolled in the research, parents/caregivers were asked to complete a comprehensive interview about their use of community services, including child care, health, and employment services, and their understanding of welfare changes. The first 985 interviews conducted with parents/caregivers took place during the second half of 1997 and the first few months of 1998.

20. In recognition of the widespread and serious nature of this challenge, NCCP is developing an issue brief highlighting both program and policy strategies that do exist, although many are in early stages of development. See Knitzer, J. in Endnote 16.

21. Under federal law, states are allowed to exempt 20 percent of their caseload from work requirements for serious disabilities.

22. Half-day programs, such as Head Start, also report difficulties, unless families at work can get care for the other part of the day. For this report, however, we did not speak directly with any Head Start programs that had not made arrangements to help families access the child care they needed.

23. This, of course, does not address the gaps in health insurance for adults. For state decisions regarding CHIP, see: National Governors' Association and National Conference of State Legislatures. (1999). *State Children's Health Insurance Program: 1998 annual report*. Washington, DC: National Governors' Association and National Conference of State Legislatures.

24. For examples of outreach strategies that seek to inform families about health insurance and enroll eligible children, see Ross, D. C. & Jacobson, W. (1998). *Free and low-cost health insurance: Children you know are missing out*. Washington, DC: Center on Budget and Policy Priorities.

25. See, for example, Collins, A. & Carlson, B. (1998). *Child care by kith and kin—Supporting family, friends, and neighbors caring for children* (Children and Welfare Reform Issue Brief No. 5). New York, NY: National Center for Children in Poverty, Columbia School of Public Health.

APPENDIX A: **Summary Matrix of Programs and Initiatives**

Name (Locale)	Main Focus of Activities	Administrative Auspice	Funding Source(s)	Overall Approach to Welfare Reform	Specific Strategies to Respond to Welfare Reform	Evaluation
Bibb County Training/ Child Care Center (Bibb County, Georgia)	Child care Training of child care providers	Bibb County public/ private collaborative partnership; Department of Family and Children Services	Child care subsidies and TANF	**Creating community approaches to improving child care**	• Conducting a child care needs assessment • Training interested TANF recipients for careers in child care • Co-locating services to reduce transportation barriers • Working to coordinate service delivery across systems	An evaluation is being conducted by the Board of Education and is in process.
California Safe and Healthy Families (Cal-SAHF) (State of California)	Family support Child development	California Department of Social Services, Office of Child Abuse Prevention	Federal funding from Child Abuse Prevention and Treatment Act (CAPTA); state funding from the Child Abuse Prevention, Intervention, and Treatment Act (CAPIT)	**Helping families who are coping with domestic violence, substance abuse, and other risk factors**	• Working to coordinate service delivery across systems • Training staff on welfare-related issues • Training families on welfare-related issues • Co-locating services to reduce transportation barriers • Retaining flexible program hours to accommodate family work schedules • Creating mechanisms for ongoing feedback as the implementation of welfare reform proceeds	Cal-SAHF pilot sites are part of a statewide evaluation effort, which is in process. Includes outcome measures for the following domains: maternal well being, family violence, family functioning, substance abuse, and child health.
El Paso County Department of Human Services (El Paso County, Colorado)	Link between TANF and child welfare Family support	El Paso County Department of Human Services	TANF (federal, state, and county funds)	**Using the welfare agency to provide leadership and outreach to the early childhood community**	• Developing model approaches to meet emerging needs • Working to coordinate and integrate service delivery across systems • Training staff across systems and across agencies • Using TANF funds to promote better outcomes for young children and families • Working to improve the availability of high-quality child care	Although the county DHS is not currently conducting a formal evaluation, it sets measurable performance goals and collects statistics that will allow it to track what happens to families once they begin receving DHS services.
Joining Forces: Caring Communities Child Care Initiative (State of Michigan)	Child care systems building capacity	Community grantees in the state of Michigan	W.K. Kellogg Foundation, Skillman Foundation, and Frey Foundation	**Creating community approaches to improving child care**	• Working to improve the availability of high-quality child care • Co-locating services to reduce transportation barriers • Working to coordinate service delivery across systems • Training TANF staff on child care issues	An evaluation of the overall initiative is being conducted by Abt Associates, Inc., and is in process. Each site is responsible for arranging an evaluation of its activities, using predetermined criteria.

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Name (Locale)	Main Focus of Activities	Administrative Auspice	Funding Source(s)	Overall Approach to Welfare Reform	Specific Strategies to Respond to Welfare Reform	Evaluation
Ohio Early Start (State of Ohio)	Child development Family support Early intervention	Governor's Family and Children First Initiative; Ohio Department of Health, Early Intervention Services	TANF (federal and state funds) and state general revenues	**Tailoring statewide child development and family support programs to meet the needs of families affected by TANF**	• Participating in state planning for welfare reform • Using TANF funds to promote better outcomes for young children and families • Adapting existing approaches to meet emerging needs • Working to coordinate and integrate service delivery across systems	The state is conducting an evaluation, using data provided by participating counties. It assesses performance in three areas that affect child development: medical care, family environment, and support services accessible to children. Available data focus on the first two years of the program and do not reflect the TANF-funded expansion.
Pittsburgh Early Head Start (Pittsburgh, Pennsylvania)	Child development Family support (Early Head Start)	University of Pittsburgh, Office of Child Development	Federal funding from the Head Start Bureau, Department of Health and Human Services; matching funds from the Howard Heinz Endowment	**Adapting a national program model, Early Head Start, to address welfare-related needs**	• Working to improve the availability of high-quality child care • Training staff on welfare-related issues • Providing increased supports to staff • Adjusting program hours to accommodate family work schedules	The program is participating in a national evaluation of Early Head Start, which is in process, and also works with the University of Pittsburgh's Graduate School of Public Health and the Office of Child Development to study the effects of policy changes on the community, program, families, and children, as well as how the program's family support approach affects outcomes under welfare reform.

Name (Locale)	Main Focus of Activities	Administrative Auspice	Funding Source(s)	Overall Approach to Welfare Reform	Specific Strategies to Respond to Welfare Reform	Evaluation
Project BEFORE (Southeast Kansas)	Family support Child development	Labette Center for Mental Health Services	Original demonstration funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services, supplemented by local sources; state and local funds support ongoing program activities	**Helping families who are coping with domestic violence, substance abuse, and other risk factors**	• Promoting employment readiness • reaching out to local employers • Working to improve the availability of high-quality child care • Training staff on welfare-related issues • Providing increased supports to staff • Adjusting program hours to accommodate family work schedules	An evaluation found significant increases in physical and behavioral health services utilization for both caregivers and children. It also found a significant reduction in changeable risk factors (e.g., violence, substance use, child abuse) and increases in protective factors for the children. At intake, less than 17 percent of the mothers were working or going to school. After six months, 67 percent were working and 19 percent were going to school. The rate of disengagement from the program was less than for similar families in comparison programs.
Project EAGLE (Kansas City, Kansas)	Child development Family support Employment readiness (Early Head Start)	University of Kansas Medical Center, Child Development Unit	Federal funding from the Head Start Bureau, Department of Health and Human Services; state funding	**Adapting a national program model, Early Head Start, to address welfare-related needs**	• Assessing levels of knowledge about changes in welfare • Developing new tools to educate families about welfare reform • Training families and staff on welfare-related issues • Promoting employment readiness • Reaching out to local employers • Reaching out to fathers • Addressing paternity-related issues • Adjusting program hours to accomodate family work schedules	The program is participating in a national evaluation of Early Head Start, which is in process, and also works with the Juniper Gardens Children's Project of the University of Kansas.

Name (Locale)	Main Focus of Activities	Administrative Auspice	Funding Source(s)	Overall Approach to Welfare Reform	Specific Strategies to Respond to Welfare Reform	Evaluation
Vermont Parent-Child Centers and the PCC Network (State of Vermont)	Family support Child development	Parent-Child Centers	State funds, which each center supplements with additional sources, such as federal funds, state contracts, United Way contributions, private donations, and foundation grants	**Tailoring statewide child development and family support programs to meet the needs of families affected by TANF**	• Participating in state planning for welfare reform • Creating partnerships that formally link welfare agencies and early childhood programs • Cross training staff from child- and family-serving programs with state welfare workers • Reaching out to fathers • Developing model approaches to meet emerging needs • Creating mechanisms for ongoing feedback as the implementation of welfare reform proceeds	Some of the individual centers have been informally evaluated; the impact of the network has not been formally assessed.
Washington Partnership (State of Washington)	Child development Family support Child care Employment readiness	Partnership of federal, state, and local agencies	Existing budgets of the collaborating partners supplemented by funds provided by the Head Start State Collaboration Project	**Developing formal partnerships linking early childhood programs and welfare agencies at the state and local levels**	• Developing model approaches to meet emerging needs • Working to coordinate and integrate service delivery across systems • Cross training staff from child- and family-serving programs with state welfare workers • Promoting employment readiness • Creating mechanisms for ongoing feedback as the implementation of welfare reform proceeds • Working to improve the availability of high-quality child care	The Evaluation Center of the University of Washington School of Social Work conducted a process evaluation of the Partnership. It found increased understanding among the partners, greater clarity about responsibilities, and an improved sense of efficacy among direct service providers. It also noted that basic institutional differences among the partners (public bureaucracies providing statutory services versus community-based agencies with more flexible programs) as well as varying resources and priorities were barriers to collaboration.
West Virginia Partnership Challenge Grant (State of West Virginia)	Child development Family support (Head Start)	West Virginia Head Start Association	Grant from the National Head Start Association with support from the W. K. Kellogg Foundation	**Developing formal partnerships linking early childhood programs and welfare agencies at the state and local levels**	• Developing new tools to educate families about welfare reform • Cross training staff from child- and family-serving programs with state welfare workers • Working to coordinate services across systems • Reaching out to local employers	Formal evaluations are in process.

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APPENDIX B: **Profiles of Programs and Initiatives**

BIBB COUNTY TRAINING/CHILD CARE CENTER

Bibb County, Georgia

The Bibb County Training/Child Care Center illustrates a county-level collaborative partnership that provides immediate access to child care and child development services to children of TANF recipients. It also provides training opportunities for those recipients interested in becoming child care providers. The program is a response to welfare reform, but planning predated enactment of the federal law.

Program Evolution and Description

In existence since May 1996, the Bibb County Training/Child Care Center is part of a network of five child care facilities run under the auspices of a public/private collaborative partnership. The collaborative includes the Department of Family and Children Services, the Housing Authority, the Board of Education, the Medical Center of Central Georgia, River Edge Behavioral Health Services, and the Macon/Bibb County Economic Opportunity Council, Macon Technical Institute and the Macon Rescue Mission. The collaborative was the outgrowth of a planning process, Macon Challenge for Change, that was established through the vision and leadership of a local social services administrator to respond to the changing welfare system almost two years before the 1996 federal law was enacted.

The Training/Child Care Center, the original and main center in the network, is key to the implementation of welfare reform in Bibb County. The Center has two main objectives: (1) to provide immediate, quality child care for families transitioning to work, and (2) to train interested TANF recipients for careers in child care. The Center is also a resource for young children in foster care. It has a capacity of up to 120 children from ages six weeks to five years. About 1,000 to 1,500 children are served each year. Children are offered care for at least 45 days, during which they receive onsite updates on immunizations, health screenings, and psychological testing, as well as speech and movement therapy, while parents seek employment. Once parents find jobs or become established in a work program, staff help them to make suitable child care arrangements in the private sector. The Center continues to provide care until an appropriate placement can be made. When children leave the Center, their health records are sent directly to their new caregivers to facilitate the transition. The Center also serves as a referral source for licensed child care providers.

The Training/Child Care Center also serves as an on-the-job training unit for Bibb County TANF recipients interested in child care employment. All interested TANF-eligible clients are offered the opportunity to receive a 90-day training placement at the Center. If they do well and decide they would like to pursue a career in child care, they are registered for the relevant coursework at Macon Technical Institute, where they earn a Child Development Associate Certificate. With this certification, they return to one of the child care centers in the network for internships and can eventually earn a Child Development Diploma. About 75 people have completed the training program, including over half the current staff of the Training/Child Care Center.

The success of the Training/Child Care Center has spurred the growth of four other centers, creating a network of five. Two of the newer centers target adolescent parents to help them continue their schooling. These parents can complete a semester of traditional coursework while also receiving training on pre- and post-natal care and family planning. The Teen Center focuses solely on supporting young mothers, while the Renaissance Center is open to young fathers as well. The remaining two centers were created by a joint effort between the Department of Family and Children Services and the Housing Authority. To deal with the problem of poor public transportation, centers were located within local public housing projects. At all of the centers, parents can participate in parenting classes, literacy labs, and household budgeting classes.

Members of the collaborative are directly involved in both service provision and administration for the network. The Department of Family and Children Services houses the Training/Child Care Center, works with families seeking welfare benefits and helps them to access services. The Macon Housing Authority provided the space in public housing facilities to create the onsite centers. The Board of Education oversees both the Teen Center and the Renaissance Center. It also reviews the developmental screenings of all three-year olds cared for within the network and makes referrals when needed. The Medical Center of Central Georgia provides nurses and nurse practitioners to conduct health screenings and to monitor immunization records, while River Edge Behavioral Health Services provides behavioral and psychological testing. Macon Technical Institute provides training in child care and certification in child development. The Macon Rescue Mission evaluates the programs, approves expenditures, and handles staff recruitment and evaluation, while the Bibb County Commissioner acts as the fiscal manager for all the centers. Through its close involvement with both service provision and administration, the collaborative is able to identify and respond quickly to emerging needs for child care. Currently, for example, the collaborative is considering whether to convert some existing spaces for preschoolers to infant and toddler care as the private sector spaces tend to largely accommodate the older age group.

The approach of the Bibb County child care network has been replicated in two other counties, Twiggs and Clayton.

Funding

Child care costs are covered by the subsidies families receive through the child care block grant, and training is paid for with TANF funds. All other services, such as health care and developmental screenings, are administered through partnerships that the Department of Family and Children Services has with other collaborating agencies and financed primarily by those agencies.

Evaluation

Although a complete analysis is not yet available, preliminary evaluations conducted by the Board of Education suggest that children who have gone through the Bibb County Child Care Center have been more prepared for school than those who have not. Further, the county reports that the job participation rate of TANF recipients is almost twice that of the state rate.

Strategic Responses to Welfare Changes

- *Conducting a child care needs assessment.* Several years ago, expecting that child care would pose a significant problem for people transitioning off cash assistance, the director of the Department of Family and Children Services conducted a needs assessment. She found that over 60 child care centers had a total of only 20 to 30 openings, yet nearly 3,000 children needed care. Given TANF's emphasis on placing recipients in work activities, it was clear that the need to accommodate more children would only become more urgent. This was the main impetus for opening the Training/Child Care Center and developing the collaborative.
- *Training interested TANF recipients for careers in child care.* Child care centers reported that they were having difficulty finding sufficient numbers of qualified staff. From the beginning, the Training/Child Care Center combined the goal of increasing the supply of child care for TANF recipients with the need to provide them with skill training and viable employment opportunities.
- *Co-locating services to reduce transportation barriers.* The Training/Child Care Center was purposefully located next to the Department of Family and Children Services to make it easier for parents to avoid additional transportation challenges.
- *Working to coordinate service delivery across systems.* As a means of breaking down barriers that families often experience in their attempts to access services, each family works with a multidisciplinary team comprised of an intake worker, a child protective services worker, an employability worker, and a child care worker.

Issues and Concerns

Program leaders raised several concerns about child care. If parents are to remain in the workforce, quality child care must be affordable and accommodating to work schedules. Yet the state provides subsidies for only one year after families leave TANF, raising questions about how families will be able to continue to afford care. And parents who work late shifts and weekends often have difficulty finding a child care provider. (The Bibb County collaborative is currently assessing whether there is sufficient demand to offer 24-hour care.)

Program leaders also raised larger concerns about finding and maintaining employment for TANF recipients. There are insufficient numbers of jobs to meet the increased demand, and those who find employment face an inadequate public transportation system. In addition, some families receiving cash assistance face enormous barriers to employment; many have not completed high school and some are not literate. Program leaders also expressed concern about what will happen to "hard core cases" when they reach the state's four-year lifetime limit for TANF benefits.

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CALIFORNIA SAFE AND HEALTHY FAMILIES (Cal-SAHF)

State of California

The California Safe and Healthy Families (Cal-SAHF) program illustrates how a comprehensive family support home visiting model which targets "overburdened" families is responding to changes in welfare.

Program Evolution and Description

Started in 1997, Cal-SAHF evolved out of the Healthy Families San Diego Project. Administered by the California Department of Social Services, Office of Child Abuse Prevention, the program is aimed at "overburdened families," i.e., families with multiple problems in personal, economic, and social areas. Cal-SAHF families receive individualized help in their own homes, where a home visitor provides support, modeling, and information and education; the visitor also assists the family with identifying and utilizing appropriate community resources. Families are encouraged to supplement their home visits with center-based services that include weekly groups for parents and children and other supports; child care and transportation are provided as needed.

The overarching goals of the program are to protect children and to improve overall family functioning and self-sufficiency. Specific objectives include:

- Reduced need for intervention by child welfare officials, law enforcement, and the courts;
- Reduced hospitalization costs and avoidable medical costs;
- Improved child health and developmental outcomes;
- Positive parenting and optimal child development;
- Reduced dependence on public assistance benefits.

Cal-SAHF is based on a "best-practices" approach; the program attempts to use the best elements of many nationally-recognized home visiting models. The program is designed to promote community flexibility in its implementation, while providing a framework for setting minimum standards, training, supervision, and maintaining long term program quality. Five components are considered essential to the functioning of the Cal-SAHF model:

1. ***A comprehensive service array.*** Services include:
   - *Systematic assessment with standardized instruments.*
   - *An individualized family centered service* plan developed jointly by the home visitor and family and reviewed regularly by the home visitor and team leader.
   - *Intensive home visits*, which occur 3 to 4 times per month for the first 6 months but which may then be reduced according to need; visits may continue for up to three years. Home visitors are supported by specialists in parent education and development, child development, and health.
   - *Child health and development monitoring and intervention* by specialists who evaluate the parent/child relationship and observe the child's functioning. When problems are identified, the child development specialist works with the home visitor and the parent to develop a intervention plan.
   - *Center-based services*, which include structured parenting classes and parent support groups, a children's group, transportation, and child care.
   - *Establishing access to primary health care* as well as teaching the family basic self-care practices.
   - *Increasing access to community resources.*
   - *On-going problem solving and case coordination*, which involves the home visitor and the team of specialists that supports the family.
2. ***Multi-disciplinary team service delivery.*** A team consists of:
   - *One Team Leader*, who is either a Licensed Clinical Social Worker or a Registered Nurse with a good knowledge of human development and family dynamics.
   - *Four to five Home Visitors*, both professional and paraprofessional.
   - *One Nurse/RN*, who consults with home visitors. The nurse is also responsible for outreach to primary health care providers and serves as a liaison between the family support team and medical providers.
   - *One Child Development Specialist*, who serves as a resource for parents, home visitors, and other team members.
   - *One Group Coordinator*, who develops and updates the curriculum for parenting groups and provides guidance to the group facilitators.
   - *One Child Care Aide*, who provides care for children five years old and under while parents are in groups and/or classes. The aide also observes child behavior and informs the team leader and home visitor of any concerns.
3. ***Balanced caseload size and intensity.*** Caseloads are limited to a maximum of 20 to 25 families and include families receiving services at different levels of intensity.
4. ***Ongoing training and skill development.*** Staff receive intensive pre-service training and then continue to receive ongoing training (a minimum of one training per month). They are also encouraged to attend one or more of the home visiting conferences held annually within the state.

5. ***Local flexibility.*** Although the key components outlined above are essential to the model, they may need to be modified in accordance with local variations in needs, available staff and resources, and costs.

The Cal-SAHF model can be utilized as part of primary, secondary, and tertiary prevention approaches. Currently California is funding seven primary prevention Cal-SAHF sites working with families in which there is a pregnant woman or a child three years of age or younger. An additional fifteen counties have implemented the model integrating multiple funding sources, including TANF. In addition, the state Office of Child Abuse Prevention, in collaboration with the Office of Criminal Justice Planning, has recently developed a statewide initiative that embeds the Cal-SAHF model within a comprehensive prevention and treatment program. This initiative, called Answers Benefiting Children (ABC), requires counties to engage in comprehensive planning that results in integrated services and funding, countywide collaboration among providers, and systemic change. Services to be integrated include the Cal-SAHF family support home visiting model, family resource centers, and child abuse treatment services. The project will provide integrated prevention services to families with children from birth to 5 years of age and treatment for families with children from birth to 18. It is anticipated that 15 counties in California will be awarded contracts for this project in the summer of 1999.

Funding

The seven Cal-SAHF pilot sites are funded by the federal Child Abuse Prevention and Treatment Act (CAPTA) and by the state Child Abuse Prevention, Intervention, and Treatment Act (CAPIT). Each of the seven Cal-SAHF sites is funded for three years, with a maximum first year grant of $350,000 followed by $302,000 in each of the subsequent two years. The seven sites are also piloting an experiment in capitating prevention programs.

The ABC initiative, which incorporates the CAL-SAHF model, also combines federal and state funds. Federal grants include CAPTA, Community Based Family Resource and Support (CBFRS), and the Victim of Crimes Act (VOCA). State sources include the state General Fund, CAPIT, and the State Children's Trust Fund (SCTF). Funding for the ABC initiative includes: (1) $50,000 per county for planning, (2) $325,000 per site for each of two years for prevention services combining Cal-SAHF with a family resource center, and (3) up to $200,000 per site for each of two years for child abuse treatment services. In addition, six rural outreach projects will be funded with $200,000 per site using SCTF dollars for two years.

Evaluation

The Cal-SAHF pilot sites are part of a statewide evaluation effort which is linked to the ongoing Healthy Families San Diego Randomized Clinical Trial. Outcome measures for the following domains are being tested: maternal well being, family violence, family functioning, substance abuse, and child health. The interview protocols have been developed in coordination with an existing randomized clinical trial being conducted by The Johns Hopkins University on the Healthy Families model in Hawaii.

The year two data for Healthy Families San Diego are currently being analyzed. This clinical trial includes a randomized control group (N=241), and an intervention group (N=247) with baseline, year one, year two, and year three interviews. Process data on Healthy Families San Diego are being collected in a database, which is being used by the seven Cal-SAHF sites. The Healthy Families San Diego project cohort is also part of a linked study on welfare reform and health care reform funded by the Public Health Service's Agency for Health Care Policy and Research. It is anticipated that the new ABC initiative will be linked to the Healthy Families San Diego clinical trial and the Cal-SAHF program evaluation.

Strategic Responses to Welfare Changes

- *Working to coordinate service delivery across systems.* Cal-SAHF uses its multidisciplinary team approach to streamline and coordinate the provision of services to families who are likely to be involved with multiple systems and multiple service providers. As a result of the changes in welfare, many of these teams now include a CalWORKS (California's TANF program) staff person.
- *Training staff on welfare-related issues.* County welfare staff conducted multiple trainings on the changes in welfare for Cal-SAHF staff. Program staff took this knowledge and incorporated it into elements of the program.
- *Training families on welfare-related issues.* Families can now learn about CalWORKS requirements as well as welfare-related resources through Cal-SAHF parenting classes and home visits. Additionally, CalWORKS staff periodically make presentations to parent groups in the center-based component of Cal-SAHF to keep parents up to date on welfare changes and how to access services.
- *Co-locating services to reduce transportation barriers.* A conscious effort was made to co-locate Cal-SAHF program sites with a CalWORKS office, where possible. This physical proximity allows not only for increased access for families to both Cal-SAHF center-based activities and welfare services, but it has also facilitated collaboration and the sharing of information between the two programs.
- *Retaining flexible program hours to accommodate family work schedules.* The hours for Cal-SAHF home visiting have always been flexible to accommodate the schedules of families returning to work. The changes in welfare have made this aspect of the program even more crucial.

- *Creating mechanisms for ongoing feedback as the implementation of welfare reform proceeds.* One of the strategies used by the program has been to provide state policymakers and their representatives with opportunities to talk to individual families and to attend parent support groups so that they can better understand the issues faced by families affected by welfare policies, especially those families with multiple barriers to employment.

Issues and Concerns

Program leaders are concerned about welfare information sharing and learning. Because the changes in welfare have been rapid and complex, information has not been uniformly available; it filters to different parts of the public welfare and community service systems at different rates. There have been times when state welfare administrators have given program staff information about resources of which the local CalWORKS staff and administrators were unaware. Also, because complex legislative changes have been communicated to diverse audiences, confusion and oversimplification have often resulted. This has meant that critical information has often not been available to staff or clients, creating unintentional barriers to accessing services and resources.

Another concern stems from the nature of the problems experienced by many overburdened families. For many, their financial burdens are "bundled" with a complex array of environmental and psychosocial problems, making it difficult, at times, to balance the goal of getting parents to work with the realities of their everyday lives.

At the policy level, there has been a debate about which families should be eligible for services funded by TANF. The legislature narrowed the definition to include only those families who are eligible for CalWORKS. Program leaders would like to see the definition expanded so that TANF funds could be used to provide Cal-SAHF services to families at risk of needing cash assistance and those transitioning to employment.

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EL PASO COUNTY DEPARTMENT OF HUMAN SERVICES

El Paso County, Colorado

The efforts of the El Paso County, Colorado Department of Human Services illustrate a county-level strategy to use TANF dollars in creative and flexible ways. The county views TANF as a prevention program for child welfare, to prevent family disruption and out-of-home care. TANF funds are being used to integrate and coordinate services across agencies and to build strong community partnerships to improve the success of welfare reform.

Initiative Evolution and Description

El Paso County, which includes Colorado Springs, has a population of about one half million. An estimated 2,700 families receive TANF and about 2,500 families are involved with child welfare services. The county Department of Human Services (DHS) administers both TANF and child welfare programs. Prior to TANF, counties in Colorado already had considerable discretion in implementing child welfare policies. With the implementation of TANF, counties were granted maximum flexibility as well; each was given a block grant of federal and state TANF funds. Counties were also required to pay their portions of the "maintenance of effort" (MOE) spending before accessing state and federal TANF funds, which means that any expenditure above the MOE comes from state and federal funds.

With declining caseloads, the county anticipates a surplus of about $6 million in the annual TANF budget. Rather than leave these funds in reserve, the county chose to spend the money on preventative measures as an investment in children, their families, and the community. Using TANF dollars in flexible ways, the county DHS is designing initiatives to create a seamless set of supports for families receiving TANF or at risk of out-of-home placement through child welfare.

The DHS began the process of unifying TANF and child welfare programs by identifying and embracing a set of operating principles and vision for the common system of care. This vision is reflected in a commitment to strengthening families, assuring safety, promoting self-sufficiency, eliminating poverty, and improving the quality of life in the county. This vision is also being applied to other programs administered by the DHS, including food stamps, Medicaid, child care, and other related programs. These, too, are being redefined as a set of supports to strengthen families and to contribute to their successful development.

To support this vision, resources have been reallocated to promote the goal of family-centered prevention. This means that welfare workers have access to additional resources and supports through TANF with which to assist their families, for example, providing a range of family-centered, flexible, wraparound services to them, tailored to meet individual needs. Further, families are key stakeholders in designing, selecting, and managing needed services, regardless of how they enter the system.

Both prior to the implementation of welfare reform and since, the El Paso County DHS has been driven by a commitment to building community partnerships. These are seen as key to successfully meeting the short- and long-term goals of family self-sufficiency. This has included outreach to the faith-based community, which provides a mentoring program. Other partnerships involve the Center on Fathering, which the DHS helped to create, and a republican women's organization, which offers a clothes and make-up fair for women transitioning to work. This is in addition to the outreach to the early care and education community, described below.

Of the new initiatives implemented by the El Paso County DHS and supported with TANF funds, the following are especially likely to affect young children.

- *One Stop Access to Support Services For Families.* The El Paso County DHS has created a one stop Family Independence Agency, where families can find, co-located in one place, child care resource and referral staff, domestic violence and substance abuse counselors, and information about jobs. Families can choose the individuals they most want to work with, pursuant to an Individualized Family Contract.
- *Special Strategies for High Risk Families.* The El Paso County DHS has created an empowerment team focusing on two groups of high risk families: teen parents and "child only" cases, which comprise about 30 percent of the caseload and primarily include children being raised by their grandparents or other relatives. The empowerment team is comprised of senior level child welfare workers experienced in family support and child safety issues. They also provide consultation to the two units of TANF workers serving other families. Staff have access to flexible funding to assist families, similar to wraparound services in child welfare, but with a TANF funding base. Designed as an alternative to child welfare, the program supports preventive service options for children at low to moderate levels of risk, intervening before escalating crises require intensive intervention. The county DHS is now expanding the approach to provide services to relatives connected with ongoing child welfare cases. It is also in the process of adding a subsidized permanent custody program for grandparents who have had a grandchild for an extended period of time and who are currently receiving foster care payments.
- *Expanding and Improving Child Care.* The DHS played a key role in strengthening the early care and education network. In preparation for the implementation of welfare reform, the Deputy Director convened a task force on child care and welfare reform. The work of this task

force has focused on increasing provider reimbursement rates for child care services to low-income families; offering onsite enrollment for low-income child care programs in child care centers and homes where parents drop off and pick up their children; developing a child care resource and referral database for all relevant families, including families receiving child welfare services; and guaranteeing child care slots and full-day, full-year care so parents can move effectively from welfare to work. The success of the group led participants to form a new group, the Alliance for Kids, which continues to work with the DHS, even while framing a broader strategic agenda to improve outcomes for all young children and families in the county.

Funding

The county is currently using about $6 million of its $18 million annual TANF budget ($3 million of which are county funds) to fund its new TANF-related activities.

Evaluation

Although the El Paso County DHS is not currently conducting a formal evaluation of the initiatives profiled, the Department is collecting statistics that will allow it to track what happens to families once they begin receiving DHS services. It has also set measurable performance goals. Examples include a goal to prevent 80 percent of kinship and teen parent TANF cases from entering the child welfare system, as well as a goal that children in 85 percent of kinship cases will remain with the same relatives or return to their parents. To help assess how well the DHS is meeting such goals, the Department documents the services provided to families (both through the DHS and community services) and continues to track cases over time. The DHS is also tracking, at six-month intervals, the movement of cases between systems. For example, the Department tracks the number of TANF cases that become child welfare cases, and the number of those that become foster care cases, as well as the movement of cases from child welfare to TANF.

Strategic Responses to Welfare Changes

- *Developing model approaches to meet emerging needs.* By using TANF as a prevention program for child welfare, El Paso County is modeling an innovative cross-systems approach. It is designed to provide families entering the system from either side—child welfare or TANF—with comprehensive, strength-based services with the lowest possible level of intrusion into the family.
- *Working to coordinate and integrate service delivery across systems.* Creating a one stop environment for families to access support services is key to the El Paso County effort. In addition, the Department is now combining family preservation and foster care placement prevention services (which provide more intensive supports to families) with prevention focused TANF services to create a service continuum which bridges both the funding and service philosophy gaps between child welfare and welfare.
- *Training staff across systems and across agencies.* In collaboration with four universities (Colorado State University, University of Utah, New Mexico State University, and the University of Nevada) and four states (Colorado, Utah, New Mexico, and Nevada), the county DHS is implementing cross-system training, assessment, and services. The effort includes child welfare and TANF but also incorporates substance abuse, domestic violence, and the mental health system. Funded by the U.S. Department of Health and Human Services, this initiative provides training in leadership skills, systems change, and training strategies.
- *Using TANF funds to promote better outcomes for young children and families.* El Paso County's cross-systems approach takes maximum advantage of the funding flexibility allowed under TANF. The Departments' fiscal creativity combined with its catalytic role in creating the Alliance for Kids has established long-term mechanisms to focus attention on the needs of low-income young children in the county.
- *Working to improve the availability of high-quality child care.* To support families making the transition off cash assistance, the county DHS has promoted multiple strategies to improve both the supply and quality of child care available to low-income families, including raising provider reimbursement rates, increasing the number of full-day, full-year slots, and providing easily accessible resource and referral services to families affected by TANF.

Issues and Concerns

The El Paso County DHS continues to have concerns about the low-paying jobs that TANF recipients are finding. Such jobs often provide more income than TANF but frequently in insufficient amounts to move families out of poverty. Appropriate strategies need to be implemented to formulate and support long-term self-sufficiency goals: to develop skills that will provide access to higher-paying jobs, to manage family demands competently given the day-to-day requirements of work, and to attend to family development tasks so that the next generation can build on the successes of this one. Department leaders stressed that addressing these complex challenges are ultimately more important to the long-term success of TANF, and the families it serves, than simply getting people off cash assistance.

Concerns were also expressed about what the future holds at the policy level. The flexibility currently extended to the county level in Colorado has enabled the DHS to make a commitment to support families headed by non-

parent relatives. The future of such supports depends on continued local flexibility.

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JOINING FORCES: CARING COMMUNITIES CHILD CARE INITIATIVE

State of Michigan

The Joining Forces initiative illustrates a collaborative foundation effort to develop community-level partnerships to increase the supply of quality child care for low-income families. The Initiative predated the 1996 federal welfare changes.

Initiative Evolution and Description

In 1994, three Michigan foundations—W. K. Kellogg, Skillman, and Frey—decided to collaborate on a grantmaking effort called Joining Forces to improve the supply and quality of child care for low-income families in Michigan. Committed to building community capacity to address child care needs, the foundations funded nine sites across the state to facilitate local planning and collaboration. Programmatic goals include increasing the quantity and quality of child care serving low-income families, expanding infant care, offering care during non-traditional hours, providing child care for sick children, and ensuring the inclusion of children with special needs in child care options. Each site has a specific programmatic focus within these broader goals. An overarching goal of the Joining Forces initiative is to create a shared sense of responsibility for and commitment to children and child care that extends beyond individual families.

Each site has engaged a broad array of community stakeholders to develop plans for building a local child care system that addresses the needs of low-income families. The first year of each five-year project was devoted to planning, including the development of a comprehensive implementation plan. The grantees were chosen for their creative approaches to reforming child care, commitment to long-term improvement, and the potential of staff to accomplish their objectives. The sites represent urban, rural, and village areas across the state.

Current grantees and participating communities include:

- Allegan County School District
- Charlevoix-Emmet Intermediate School District
- Child Care Coordinating Council of Detroit/Wayne County, Inc.
- Downriver Guidance Clinic (Southgate, River Rouge, Ecorse, and Romulus)
- Fremont Area Foundation (Newaygo County)
- Kent County Regional Community Coordinated Child Care (4C)
- Michigan State University Saginaw Extension Service
- Oakland County Community Coordinated Child Care (4C) Council
- Community Foundation for Muskegon County

The child care system building strategies used by the grantees are wide-ranging, depending on the needs of the community and the state of existing child care resources. These strategies include:

- Conducting a comprehensive needs assessment.
- Facilitating collaborative partnerships among community housing, early care and education, and business entities to develop new family day care homes.
- Increasing the number of child care slots, especially for infants and toddlers, by providing information, training, technical assistance, and individual consultation to existing and potential providers.
- Encouraging child care providers to become licensed by providing information and support services.
- Initiating before- and after-school programs for school-aged children.
- Providing education and support to encourage providers to offer care during non-traditional hours.
- Helping child care providers offer care for children with special needs by providing training, support services, and money to purchase or rent equipment.
- Providing resource and referral services to link families with appropriate child care providers.
- Working with public agencies to streamline eligibility and payment processes for child care subsidies.
- Developing career paths for child care providers by increasing training and educational opportunities and developing standards for certification and promotion.
- Increasing retention among child care workers by raising salaries and increasing opportunities for recognition and validation.
- Facilitating community consensus regarding quality standards for child care.
- Linking local child care quality standards to child care information and referral services.

Joining Forces has also focused on building the infrastructure necessary to address issues of child care capacity, quality, and affordability beyond the life of the initiative. One of the primary infrastructure strategies has been to build local partnerships among the relevant stakeholders, including parents, child care providers, state licensing administrators, Head Start programs, public schools, state welfare offices, and employers. The Joining Forces teams bring stakeholders together and work on building relationships; several teams have created ongoing forums for communication and planning. Another set of strategies has focused on creating mechanisms for financing child care reforms. Strategies include establishing

child care endowment funds, creating loan programs to assist providers, and tapping non-traditional funding sources, such as community development block grants, the integration of funds for employment training and youth development with child care subsidies, and the provision of pre-tax child care accounts through employers.

Ongoing planning and technical assistance to the initiative and to individual sites is provided by SmartWORKS, Inc., a Michigan-based firm. Technical assistance has included the development of planning and reflection tools designed to promote and facilitate continuous learning and subsequent refinement of initiative activities. A state advocacy organization, Michigan's Children, is working to link local initiatives to state policymaking. This includes an examination of how state policies are being implemented locally, as well as providing feedback to state policymakers about lessons learned at the local level.

Funding

The Skillman, Kellogg, and Frey Foundations expect to award $5.1 million over five years to Joining Forces grantees. Each site received up to $100,000 for the first year for planning and initial implementation. Funding in subsequent years depends on the site's progress toward its goals, which will be carefully monitored by the funders. First year grants were made in 1995 and 1996.

Each foundation is making direct grants to individual sites rather than pooling the funds, as well as funding discrete initiative components, such as initiative coordination, communications, evaluation, and networking.

Evaluation

An evaluation of the overall initiative, which is being conducted by Abt Associates Inc., is in process. It will assess the child care systems building capacity developed by the initiative. In addition, each site is responsible for arranging an evaluation of its activities, using pre-determined criteria.

Strategic Responses to Welfare Changes

- *Working to improve the availability of high-quality child care.* All of the Joining Forces sites are helping families affected by the changes in welfare by working to improve child care for all low-income families, using the strategies listed above. Some of the sites, however, are responding directly to the specific child care needs of families on TANF and those leaving TANF. Their strategies are listed below.
- *Co-locating services to reduce transportation barriers.* One of the sites is establishing child care resource and referral services onsite at the Family Independence Agency, which administers TANF. Many of the families served by the agency must travel great distances for their appointments. Joining Forces staff plan to hold informational sessions for TANF families who are working to educate them about available child care options. Their goal is to better link families with child care providers near where they live or work.
- *Working to coordinate service delivery across systems.* One site facilitates collaboration between the Family Independence Agency and Child Care Resource and Referral to link families with licensed child care providers.
- *Training TANF staff on child care issues.* Several sites are developing training for TANF workers to educate them about the full range of child care options available and about how to help families access these services.

Issues and Concerns

Although many of the sites are providing training to community child care providers, such training does not count toward TANF work requirements, making it difficult for TANF recipients to participate in training. The administration of TANF is decentralized in Michigan, and Joining Forces sites have experienced varying levels of responsiveness from the county-level Family Independence Agencies (FIAs), which administer TANF. For example, several sites reported difficulties with the local FIA's eligibility and payment processes for child care subsidies. Notification to providers of who is eligible for subsidies is often delayed, as are payments, creating problems for providers.

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OHIO EARLY START

State of Ohio

Ohio Early Start illustrates how an existing early intervention program for infants and toddlers has been expanded for use with TANF families who have children from birth to age three. The program is now available statewide, supported largely by TANF funds.

Program Evolution and Description

In 1996, the state of Ohio developed an early intervention program called Early Start that targets infants and toddlers at high risk for developmental delays, abuse, or neglect. Specifically, the program targets families with children between birth and age three in which there are multiple risk factors, such as a teen parent, a low birth weight infant, a history of child abuse, drug addiction, poverty, and/or substandard housing. The program seeks to improve parenting skills, increase parental knowledge of child development, help parents deal more effectively with stress, and link families with community resources. Early Start was initially available in 30 of Ohio's 88 counties.

With the enactment of the 1996 federal welfare law, the state decided to use TANF funds to expand Early Start to target families with very young children who are enrolled in Ohio Works First (OWF, the state's TANF program), especially families headed by teen mothers. As of February 1999, 74 of the state's 88 counties had approved plans to participate in Early Start; most are in the early stages of implementation. The state estimates that from the fall of 1998 through spring of 1999, Early Start will serve about 8,000 young children in families receiving cash assistance. In addition, one-third of the counties have opted to continue Early Start for newly employed families.

Counties have some discretion about the Early Start services they provide, the families they target, and the mechanism through which they access TANF funds. They may serve eligible families either as part of the self-sufficiency contract required by Ohio Works First or with flexible TANF funds (Prevention, Retention, and Contingency Funds), which counties can use at their discretion. For OWF families that participate in Early Start as part of their self-sufficiency contract, Early Start activities can help fulfill work requirements. Ohio requires adult OWF recipients to engage in 30 hours of work activities each week, 10 of which may include Early Start, parenting classes, high school or GED classes, or other developmental activities.

Early Start has six core components:

- *Screening of child health and development*, with appropriate linkages to health and other care.
- *An individualized family service plan* to provide direct services to the child and family (including extended family and other important adults in the child's life).
- *Referrals to appropriate service providers* (e.g., primary health care providers, mental health services, transportation).
- *Service coordination.*
- *Access to appropriate family supports* (e.g., respite care for parents, links with parent mentors, educational tutoring programs, other home visiting programs, center-based activities such as Even Start).
- *Home visits* provided weekly for the first six weeks of enrollment, biweekly for the next three months, and then monthly until a family exits the program.

The program requires that ongoing clinical and administrative supervision be available to home visitors, whose caseloads range from 25 to 45 families.

Early Start at the Local Level: Ashtabula County

Ashtabula County is one of the 30 counties in Ohio that provided Early Start services prior to the TANF-funded expansion of the program. The county has opted to provide Early Start to eligible OWF families through the self-sufficiency contract. Prior to the expansion, Ashtabula County had already begun to coordinate early childhood programs and services, starting with a shared pre-enrollment form. Early Start, Early Intervention, and Head Start use a common Individual Family Services Plan (IFSP). Since the integration of Early Start and OWF, a section of the plan has been enhanced to address family goals and individual parent goals, in addition to the goals for the child. The coordination of early childhood services is further strengthened by their co-location in the Head Start Child and Family Development Center, where Early Start, Early Intervention, and Head Start share a common headquarters and common reception area. This arrangement facilitates daily interaction among the staff of the three programs, and some staff share responsibilities across programs. For example, the Head Start home visitor may also provide Early Start services to Head Start-enrolled families who also have a child under three who is eligible for Early Start.

Access to the Adult Learning Center at the Head Start Family Center is one of the support services available to Early Start parents. The Adult Learning Center provides English as a Second Language (ESL) classes, GED preparation, and a new job skills preparation program. An onsite Resources Manager is also available to parents. This person works with the home visitor to support self-sufficiency goals; these efforts are coordinated with the OWF staff person assigned to the parent.

Once the Individual Family Services Plan is completed or the eligible child reaches age three, transition services are provided to the family. Transition services may include any of the Early Start core services, child care, employment

assistance, and other services, depending on family needs. Children leaving Early Start are often eligible for Head Start services—a transition which is facilitated by the common IFSP.

Funding

For fiscal year 1998–99, the state allocated $6 million from general revenues for Early Start. An additional $28 million was allocated from federal and state TANF funds.

Evaluation

Ohio Early Start is being evaluated statewide through an analysis of data provided by participating counties. The evaluation will assess performance in three areas that affect child development: medical care, family environment, and support services accessible to the children. The state sets measurable target goals in each of these areas. The data currently available focus on the first two years of Early Start and, for the most part, do not reflect the TANF-funded expansion of the program. Preliminary data indicate that about 7,100 children were enrolled in Early Start between January 1996 and January 1998. Of enrolled families, 85 percent reported that their needs on the IFSP were being met. Eighty-six percent of families reported receiving some form of well-baby care once enrolled, and 85 percent of enrolled children were current on their immunizations. Utilization of services was reported at 59 percent; the reasons for this are being investigated. Possible explanations for under-utilization include waiting lists, family refusal, and families not at home for home visits. These early data reveal that most of the initial performance goals were met. One exception was the percentage of children having health care after enrollment, which was lower than expected. It is hoped that the new children's health insurance program will increase access to care. Plans are underway to collect and analyze outcome data for Early Start, beginning in fall 1999.

Strategic Responses to Welfare Reform

- *Participating in state planning for welfare reform.* The administration of Ohio Works First is relatively decentralized, as is the implementation of Early Start. Thus, many decisions—such as whether to integrate Early Start into OWF—are made at the county level. To encourage counties to pay attention to the needs of infants and toddlers whose families are affected by welfare reform, the state held a series of regional forums with county directors of human services, the chairs and coordinators of the local Family and Children First Councils (collaborative planning and coordinating bodies), and existing Early Start providers. The state continues to provide training and technical assistance to counties to support the expansion of Early Start.
- *Using TANF funds to promote better outcomes for young children.* Ohio is taking advantage of the new flexibility built into TANF to better meet the needs of infants and toddlers. By using TANF funds to expand Early Start, Ohio's approach to welfare reform emphasizes strong parent-child relationships and healthy child development along with family economic self-sufficiency.
- *Adapting existing approaches to meet emerging needs.* In its efforts to target infants and toddlers in families receiving OWF cash assistance, Ohio has been able to build on the planning, training, strategies, and experience of the first phase of Early Start.
- *Working to coordinate and integrate service delivery across systems.* Early Start home visitors attend to the health and developmental needs of infants and toddlers while also helping families work toward their goals for economic self-sufficiency. OWF families who participate in Early Start as part of their self-sufficiency contract can count participation in home visits and parenting classes towards their OWF work requirements.

Issues and Concerns

Adapting Early Start to a new population and to a broader purpose has presented several challenges. The original program did not emphasize economic self-sufficiency. The shift has required some additional technical assistance and training to help staff become more sensitive and responsive to the needs of families trying to transition off cash assistance. Expanding Early Start to OWF families has also created some conflicts in program philosophy. Early Start was designed to be a voluntary program, yet participation is mandatory for OWF families if Early Start is included in their self-sufficiency contracts. They can be sanctioned if they fail to participate. In addition, the pressure to get adults on OWF into work activities imposes time constraints not envisioned by the original designers of Early Start.

Because the administration of OWF is decentralized in Ohio, the state has had to generate understanding about the importance of integrating Early Start into OWF on a county-by-county basis. Using TANF funds to target infants and toddlers has required a shift in orientation for welfare programs that have focused almost exclusively on adults in the past.

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PITTSBURGH EARLY HEAD START

Pittsburgh, Pennsylvania

The Pittsburgh Early Head Start illustrates how a primarily home-based, federally-funded Early Head Start program serving pregnant women, infants, toddlers, and their families is responding to needs that have emerged as a result of welfare changes. The program was funded prior to welfare reform.

Program Evolution and Description

The University of Pittsburgh's Office of Child Development operates the Pittsburgh Early Head Start program in four centers in three diverse communities in the Pittsburgh area for 140 families with pregnant women, infants, or toddlers. The Pittsburgh Early Head Start program is a home visiting program which is supplemented by group activities for parents and families at each center. Child development services focus on working with parents to improve their interactions with their children. Across the four centers, the program serves mainly African American and white families headed by single parents, two-thirds of whom were receiving cash assistance when they enrolled in the program.

Working closely with Pittsburgh Early Head Start staff, families enrolled in the program choose their own objectives and decide what they would like to focus on. Although staffing patterns vary across the centers, two home visitors typically work with each family—one conducts weekly visits to families to address child development issues, while a second visits families every other week to focus on family development issues. Other staff members, such as the child development specialist, the nurse, and the nutritionist, make periodic visits to families' homes. In addition, staff support families by helping them apply for jobs, connecting them with other service providers, assisting them with social services applications, and providing other supports as needed.

The Pittsburgh Early Head Start program does not provide child care services directly to families, but it is working to ensure that its infants and toddlers have access to quality child care whether that care is center-based or provided by neighbors and relatives. Currently, about half of enrolled families are using child care, mostly relative/neighbor care. The program has developed a new formal collaboration with the Allegheny Intermediate Unit Head Start Expansion project to create slots for Early Head Start children in Head Start family child care homes (in two of the three program communities). The program anticipates that there will be enough slots to meet the demand. The program will pay $150 per month per child on top of the state child care subsidy to support high-quality care in the Head Start family child care homes. The program has also made arrangements with a child care center in the third program community to accept Early Head Start children and to provide incentives for the center to meet Head Start performance standards. Early Head Start staff will do quality assessments, develop Quality Improvement Plans with family child care providers and center staff, and support staff getting Child Development Associate certificates.

Staff members are developing strategies to support families and children who are using relative/neighbor child care. Home visitors will serve as a liaison between parents and child care providers, trying to strengthen that relationship; they will also visit children in family child care. Early Head Start is also collaborating with the local resource and referral agency to provide training for relative/neighbor caregivers in CPR, first aid, child development, and developmentally appropriate practices, and to provide toys. The program is considering the use of financial incentives to encourage relative/neighbor caregivers to participate in the training and to work with the Early Head Start program.

The Pittsburgh Early Head Start program provides many staff training opportunities, both formal and informal. Most training opportunities are open to all staff members to promote cross training, so that the work with families is more integrated. All staff members have individual staff development plans that include training provided by the program as well as conference and outside training opportunities.

The Allegheny County Health Department contributes the services of two public health nurses to Pittsburgh Early Head Start. The nurses conduct health assessments and make bi-weekly visits to pregnant women and women who have just given birth. They work with family development specialists to monitor families' health care and to ensure that children are immunized.

The program collaborates with other service providers in the community to arrange services for families. It also participates in community collaborations. For example, the program director is on the Single Point of Contact (SPOC) program management committee which operates the city's employment and training program. The TANF agency is also part of this committee.

The Pittsburgh Early Head Start program is part of a family support movement throughout Allegheny County. Family support centers belonging to the network work together to get information, influence policy, and develop relationships with other service providers. As part of the network, the Pittsburgh Early Head Start program can have a bigger impact on policies and services than it can by itself.

Funding

The Pittsburgh Early Head Start program is a federally-funded program administered by the Office of Child De-

velopment of the University of Pittsburgh. The program also receives matching funds from the Howard Heinz Endowment.

Evaluation

Pittsburgh Early Head Start is participating in a national evaluation of the Early Head Start program. The program also works with a team of researchers from the University of Pittsburgh's Graduate School of Public Health and the Office of Child Development on continuous program improvement activities and local research studies. The local researchers are studying the effects of policy changes on the community, program, families, and children, and they are learning about how the program's family support approach affects child and family outcomes in the climate of welfare reform.

Strategic Responses to Welfare Changes

- *Training staff on welfare-related issues.* To prepare staff to work most effectively with families affected by the changes in welfare, the program holds periodic all-staff trainings on both welfare reform and mandated Medicaid managed care, and encourages staff to attend workshops and trainings offered by other community organizations and advocacy groups.
- *Providing increased supports to staff.* There is increased need for administrative support to direct-service staff to prevent their own demoralization given the limited options available to families, and to help them develop new strategies for supporting families through immediate transitions without losing sight of longer-term family and child development goals.
- *Adjusting program hours to accommodate family work schedules.* Staff members have adjusted their hours to accommodate parents' schedules. Some staff members now work mostly during evenings and weekends, while others have more daytime hours.
- *Working to improve the availability of high-quality child care.* In addition to efforts to improve the quality of relative/neighbor care highlighted earlier, Pittsburgh Early Head Start is involved in the Early Childhood Initiative, which was formed by the United Way of Allegheny County and several foundations to develop community-based child care. (In two of the three program communities, Pittsburgh Early Head Start is a partner in a grant for the initiative, and a proposal is currently being developed in the third community.) The Initiative requires community groups to collaborate to apply for funds for child care. The program's goal is to encourage families to use the Early Childhood Initiative child care programs and to provide support and resources so these programs meet Early Head Start standards.

Issues and Concerns

Welfare reform is one of many policy changes in the Pittsburgh area; major changes in public housing and health care are also occurring. In one community, a Hope VI program is dismantling most of the existing housing in a very large public housing development for poor families and rebuilding to meet the needs of a more diverse population. The Hope VI program is being introduced into portions of the other two communities served by Pittsburgh Early Head Start. Mandatory Medicaid managed care took effect in January 1999. These policy changes are placing more external demands and limits on the program than ever before.

Pittsburgh Early Head Start staff members have had to make a philosophical shift in response to welfare reform. Previously, they focused on helping families dream—step back, think about who they are and where they'd like to be, map out their futures, and consider education or training. Now staff are struggling to help families do the things they need to do in the short run (for example, meet welfare requirements for job search and work) as well as to help them dream and plan for the long run. Staff members are still working out how to support children given the narrowing of options for parents. For example, most parents can no longer choose to stay at home and work on parenting.

Program staff members are concerned about the effects of welfare reform on children. The local area does not yet offer high quality child care. Many Early Head Start children are in patchwork arrangements with several caregivers, and caregivers change often due to parents' work schedules.

Many families are more stressed now, both by the new welfare requirements and uncertainty about their futures. Some parents are finding it difficult to plan ahead. Because they want—and need—to meet new welfare requirements, they often take the first job they find even if it can't adequately support their family or is unlikely to lead to long-term career options. The jobs tend to be part-time and without fringe benefits, and they rarely pay a living wage. Many are swing shift jobs or night jobs with variable ending times, exacerbating child care and transportation problems. In many cases, parents work at night and care for their children during the day, leaving little time for sleep.

Some families are experiencing stress from having to do multiple things, including balancing parenting and other activities and participating in program services. Due to new time pressures, the program has had trouble getting families involved in program governance. In the past, governance activities have extended into broader community involvement, but families no longer have time for these activities.

In March 1999, the first families in Pennsylvania will start getting terminated from cash assistance if they are not meeting work requirements. Although most Early Head Start families have jobs, staff are concerned about what

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will happen when families reach the five-year limit on cash benefits. The state and local TANF agencies have not made decisions about potential exemptions to the time limits. Moreover, the service package for supporting families who go to work is still not in place. For example, the state child care plan has not been approved (it is two years late), and families still face a fragmented child care system. In general, there is a lack of clarity about welfare reform which increases the insecurity that families feel and limits the capacity of staff to support families through the process.

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PROJECT BEFORE (BRIDGING EMPOWERS FAMILIES TO OVERCOME RISKS AND EXCEL)

Cherokee, Crawford, Labette, and Montgomery Counties, Kansas

Project BEFORE illustrates how a behavioral health home visiting program that supports families with young children in which there are substance abuse and mental health disorders has evolved in response to welfare reform. The BEFORE intervention combines case management/home visiting with a whole family wraparound process. The case management approach is family-centered and strength-based, and the whole family wraparound process supports family developed goals. Welfare reform has focused family priorities on goals for employment and education.

Program Evolution and Description

Southeast Kansas families, community leaders, and providers of health, behavioral health, education, social, and juvenile justice systems have been developing a rural integrated system of care since 1991. The initial focus of this system of care was children with severe emotional or behavioral disorders. In 1994 concentrated efforts began to focus on early intervention and prevention and to include the providers of services and supports for very young children. BEFORE (Bridging Empowers Families to Overcome Risks and Excel) home visiting/case management is one of the evolving interventions within this developing system of care. Prevention and early intervention efforts are based on a risk and resiliency model. Families in which a caregiver is substance dependent or has a mental illness are overburdened with the complex demands of everyday life. Young children within these families are at high risk for future school failure, mental illness, juvenile crime, and violence. These are the families targeted for support through Project BEFORE. During the past three years, 205 families with children under six years of age and at least one caregiver who has problems with substance abuse or mental illness have received services through this project.

The BEFORE intervention combines case management (home visitation) with individualized whole family wraparound planning. All families receiving services through Project BEFORE have a home visitor. BEFORE case management is based on the principles of home visiting of the Healthy Families America program, which involve strength-based assessment and relationship building. This intervention has been adapted to meet the unique needs of caregivers with substance dependency and mental illness by wrapping a support network around the families, made up of both their own family and friends and other providers. The whole family wraparound planning process begins with strength-based assessment and evaluation to determine the strengths, preferences, and cultural practices of the child and family. Risks, needs, and protective factors are identified, and each person, particularly parents, recommends goals and services. As families are engaged, they begin to address changeable risks and protective factors for the children. The process focuses on problem solving and parenting skills in those areas most important for the children and family. Services are provided based on the strengths and needs of every member of the family and encourage each family member to participate in the intervention process. Specific goals and objectives are developed and evaluated by the family and home visitor/case manager to ensure that services meet their needs. Natural family supports (relatives, friends, and neighbors) and community organizations (12 step programs, support groups, and other community support systems) are integral parts of each plan.

The multi-disciplinary team, consisting of the family and people identified by the family, generally consists of the parents, home visitor, and only one or two other people. For example, a vocational counselor might be a team member. If young children are showing social, developmental, or cognitive delays, an early childhood specialist might be a team member. Efforts are made to keep the teams small as large teams are often intimidating to the families and coordination can be handled most cost efficiently through collaborative contacts. The team develops a vision of the future for the family based on the their interests, preferences, and strengths. Using this vision, the team develops a system of services and supports to help the family achieve their goals. Each whole family wraparound plan describes the specific mix of services, level of intensity for each service, and person responsible for each service. The plans also provide a forum for consensus or disagreement.

The case manager is key to carrying out these wrap around plans, which are periodically revised. Project BEFORE has had considerable success in recruiting home visitors who are themselves in successful recovery. Access to consistent group and individual clinical supervision and peer support is also key to making the service strategy effective.

Many of the parents and children targeted for this project have economic, health, housing, transportation, dental, vocational, education, and legal problems. In addition, the children in these families also have educational, developmental, nutritional, and mental health needs. Providing holistic support requires coordination with the providers of support and services in each of these areas. In recognition of this, Project BEFORE has been a catalyst for expanding a network of early childhood services providers to include over 30 agencies who meet on a monthly basis to plan and implement the system of care.

Funding

Project BEFORE was initially funded through a grant of $275,000 per year from the Substance Abuse and Mental Health Services Administration (SAMHSA) and $92,000 of funding through four local non-profit mental health centers. As the federal funding for this grant has ended, funding from family support, juvenile justice prevention, and community health departments has sustained some of the program activities. New state funds have recently been allocated for Project BEFORE. (In addition, the philosophy and approach of the program have been incorporated into other systems of care and early intervention services.)

Evaluation

During the past three and a half years, BEFORE services have been provided for more than 300 adults and 350 children in 205 families. The evaluation has shown significant increases in the utilization of physical and behavioral health services for both caregivers and children. The evaluation has also shown a significant reduction in changeable risk factors and increases in protective factors for the children. For example, it found significant reductions in violence, substance use, child abuse, and arrests for these families. The rate of disengagement from the program was less than for similar populations of families from Healthy Families America and Parents as Teachers programs. Moreover, work-related behaviors increased substantially. At the time of intake, less than 17 percent of the women were working or going to school. After six months of receiving support, 67 percent were working and 19 percent were going to school. An extensive process review is currently underway to isolate factors that contributed to the success of this approach.

Strategic Responses to Welfare Changes

- *Promoting employment readiness.* The whole family wraparound process focuses on goals that are priorities for families. As welfare reform has focused on getting jobs, family goals have focused more in this area. Focus groups for teenage parents and other families have included sessions on employment goals and strategies.
- *Working to improve the availability of high-quality child care.* The community assessment used for planning purposes for the overall system of care identified lack of affordable child care as a primary barrier to work and school for families—especially night and weekend child care and also infant child care. This led to an increased priority on the development of child care resources and funding of several new child care programs.
- *Training staff on welfare-related issues.* Staff from early intervention providers received cross training to better their understand roles and responsibilities. This included specific training in the new TANF program.
- *Providing increased supports to staff.* This is very challenging work for staff—as stresses on families increase, sometimes related to welfare reform, the stress on staff also increases. For this reason, weekly (and more often as needed) sessions with mental health supervisors, weekly peer review sessions, and monthly cross project staff meetings provide support for staff.
- *Adjusting program hours to accommodate family work schedules.* The case managers have flexible schedules to meet with families where and when it works best for them. This is especially important as parents begin to work.
- *Reaching out to local employers.* One goal of the system of care effort was to more fully engage the business community, which offered jobs and flexible resources.

Issues and Concerns

The primary concerns center around a lack of community resources to support welfare to work. Although progress has been made to increase child care, there are still significant shortages. Without adequate, affordable child care options, people often turn to other family members. This is of special concern for these children because of the intergenerational nature of many of the risk factors. The second limited resource is transportation. In a rural area without any public transportation, this is a barrier for many families. Finally, this area is economically depressed and there are few jobs available that pay above the minimum wage. This often means that working does not provide more disposable income.

TANF rules that require work within a short period of time are increasing stress for already overburdened families. For people with mental illness and substance dependency, the stress and challenges are even greater. Finally, some families have lost Medicaid benefits without getting comparable private health insurance. Project staff are concerned that this will result in decreased utilization of preventative health care and behavioral health services.

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PROJECT EAGLE (EARLY ACTION AND GUIDANCE LEADING TO EMPOWERMENT)

Kansas City, Kansas

Project EAGLE illustrates how one federally-funded Early Head Start program serving pregnant women, infants, toddlers, and their families is responding to needs that have emerged as a result of welfare changes. The program was funded prior to welfare reform.

Program Evolution and Description

Project EAGLE (Early Action and Guidance Leading to Empowerment) was one of 24 Comprehensive Child Development Research Programs developed by the Head Start Bureau beginning in 1989. In 1995, the program was selected to become one of the first Early Head Start sites. Eligible families include those living at or below the federal poverty level in which there is a child between the ages of birth and three years or a pregnant woman. Approximately 200 children are served annually. The majority of families are African American, although the program also serves white and Hispanic families.

The goals of Project EAGLE are "to enhance the growth and development of infants, toddlers, and children; to support families as they achieve their personal goals for parenting and self sufficiency; to collaborate with existing community agencies in supporting the comprehensive needs of families; and to contribute to local, state, and national knowledge, policy, and practice." The expectation is that by the time families graduate from the program, their children will have received developmentally appropriate early childhood education and the experience necessary to succeed in school. Additionally, it is expected that adult family members will have obtained a GED or high school diploma, as well as the skills necessary to obtain a job that provides a livable wage and benefits. Parents also receive support to set and work toward goals for housing, savings, and investments and to meet transportation needs.

To achieve these goals, staff members work with families to develop an Individualized Family Support Plan (IFSP). This includes information about vocational interests, pre-employment skills, training needs, self-esteem, and parent-child relationships and needs. Family support advocates develop action plans based on the IFSP for each family member, including each young child, and make weekly home visits. All families receive comprehensive family support services, including access to health care, dental care, transportation, job placement services, formal education programs, and basic life skills training. They are also offered family as well as personal counseling and developmentally appropriate child care. As in all Early Head Start (and Head Start) programs, parents are involved in the program through their work on the Policy Council.

A team of coordinators who specialize in different areas—self-sufficiency, early childhood education, child care, family relations (specifically mental health issues), family support, and health—provide back up and assistance to family support advocates. To help the advocates with their complex and often stressful jobs, coordinators are available to meet with them after particularly difficult or stressful family visits. A counselor is also available to them (as well as families)—although only for 10 hours per month, which is not enough time in the view of the staff. The program also builds in staff "relax time" to provide some fun and relief from the stress inherent in their work.

Project EAGLE emphasizes staff training. The entire staff participates in a two-hour training every Monday morning, which qualifies for continuing education credits. Staff may also be awarded up to $500 for professional development; the money is often used for conferences. Staff also receive discounts on classes at the University of Kansas. Quarterly staff retreats address team building and stress management, as well as the development and monitoring of each staff member's IFSPs. Project EAGLE is also developing a manual of best practices, created in response to an early review of charts which suggested that families were not receiving the same interventions. The aim is to use the best practice manual to guide family support advocates in their interactions with families and to ensure consistency of approach.

The program has active connections with many community agencies and committees. Project EAGLE contracts with 12 child care agencies and homes and works with staff at each site to create individual development plans to improve the quality of child care. Project EAGLE has also sponsored cross training between social service agencies and area businesses, as well as job fairs which bring together employers and families involved in the program.

Funding

Project EAGLE is a federally- and state-funded program administered by the Child Development Unit of the University of Kansas Medical Center.

Evaluation

Project EAGLE is participating in a national Early Head Start evaluation and working with a team of local researchers from the Juniper Gardens Children's Project of the University of Kansas.

Strategic Responses to Welfare Changes

- *Assessing levels of knowledge about changes in welfare.* In 1996, Project EAGLE surveyed participant families to assess their understanding of welfare reform and its im-

pacts. Through informal discussions during home visits, family support advocates found that most families were confused about time limits, work requirements, and sanctions. They used this information to guide the development of new program strategies.

- *Developing new tools to educate families about welfare reform.* To address families' need for clear information about the new welfare rules, Project EAGLE produced a document, written in question and answer format, that provides basic information about cash assistance, child care subsidies, SSI, and child support enforcement. The last section of the document, entitled "Planning for Your Future," helps families develop a specific plan and timetable given their individual circumstances. The guide continues to be used with new families who enter the program.
- *Training families on welfare-related issues.* Project EAGLE trains its Policy Council on welfare-related issues so that parents will be knowledgeable about welfare changes and their implications for the program.
- *Training staff on welfare-related issues.* To ensure that family support advocates fully understand the Kansas welfare structure, they participate in training provided by the Kansas Department of Social and Rehabilitation Services, as well as internal staff training.
- *Promoting employment readiness.* Kansas exempts parents of infants from TANF work requirements for a year. Project EAGLE views this as a "window of opportunity" to help get families job ready (a goal that predated welfare reform). To that end, the program worked out an agreement with the Kansas Department of Social and Rehabilitation Services (SRS) to permit families to receive Project EAGLE's pre-employment skills training instead of that provided by SRS. Project EAGLE has also increased the functions of its Self-Sufficiency Coordinator to provide more services onsite. For example, with the agreement of SRS, the Self-Sufficiency Coordinator can conduct skills testing with families rather than sending them to SRS.
- *Adjusting program hours to accommodate family work schedules.* As more parents find employment, they are often not home on weekdays, i.e., during the traditional hours for home visiting. Because of this, program staff have expanded their hours, visiting in the evenings and on weekends when necessary.
- *Reaching out to fathers.* Fathers are asked to be present when their families enroll in the program. The program has also hired a "father facilitator" to further encourage paternal involvement. (About 40% of the program's families have the on-going involvement of the father.)
- *Addressing paternity-related issues.* Given the strong emphasis on identifying fathers as part of welfare reform, Project EAGLE has begun to do training on paternity issues to help both the staff and families.
- *Reaching out to local employers.* Project EAGLE sees a need for employers to be educated about hiring former TANF recipients—what to expect as well as how they can support newly working parents and their families. To that end, staff have already conducted one training targeting employers and hope to conduct more in the future.

Issues and Concerns

Families working in partnership with Project EAGLE have complex needs and it is important that TANF administrators understand the complexity of issues that families face.

Project EAGLE is concerned about the limited availability of infant and toddler care and the availability of funds for families whose children may be at risk of abuse but don't meet state criteria for being at risk. As a result, the program currently uses its own funds to provide child care for these children and to provide continuity of care for families that lose their state-subsidized care.

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VERMONT PARENT-CHILD CENTERS AND PARENT-CHILD CENTER NETWORK

State of Vermont

This approach illustrates how a pre-existing network of child development programs for infants and toddlers, the Vermont Parent-Child Center Network, has modified its strategies in response to welfare changes (in this case stemming from a waiver under AFDC). It also illustrates how a state is using a network of statewide early childhood services deliberately as a resource to meet the state's welfare goals for families with young children.

Program Evolution and Description

In 1980, the first Parent-Child Center in Vermont was created in Addison County. The center provided home visiting and a variety of onsite services primarily to teen parents and their young children. The approach quickly spread to other parts of the state which sought to implement programs with similar philosophies and service components. In 1986, Vermont's Parent-Child Centers joined together to form a statewide network. This network, currently comprised of 16 centers, forms the hub of early childhood and family support services throughout the state. Although the Parent-Child Centers preceded welfare reform, all have been actively involved in its implementation. State agencies contract with the centers to provide case management services for young families receiving cash assistance as well as related support services, including home visiting for healthy babies and referral services for child care. Some centers, such as the one in Addison County, have developed new program components in direct response to changes in welfare. Both the network and the Addison County Center are described below.

The Parent-Child Centers share a core philosophy and each provides, either directly or through referral, eight core services: home visiting, early childhood services, parent education, parent support, onsite services, playgroups, information and referral, and community development. These sometimes overlapping services include:

- *Home Visits:* Staff provide home visits tailored to family need for families who request them.
- *Early Childhood Services:* Each Center offers full-day, developmentally appropriate child care either onsite or through other early childhood service providers in the community. A child development specialist is available to evaluate infants and toddlers and, in consultation with the parents, develop a specialized service plan.
- *Parent Education:* Centers offer parent education on a range of topics, using a variety of formats.
- *Parent Support:* Centers facilitate opportunities for families with similar experiences and interests to support one another in a peer group setting. Trained and experienced counselors are available to work with troubled families.
- *Onsite Services:* All families have access to a welcoming environment which offers support, information, recreation, and help accessing services and resources, as well as staff who can respond to immediate needs.
- *Playgroups:* Each center provides opportunities for parents and children to come together on a regular basis for socialization, peer support, snacks, information, and resource sharing.
- *Information and Referral:* Each center serves as a clearinghouse for general information about child and family issues as well as information about statewide resources. Centers link families with outside services as needed.
- *Community Development:* Centers advocate and lobby for family-centered services by taking a leadership role in broad-based prevention and early intervention efforts in the community.

Each Parent-Child Center designates a representative to participate in the network and attend meetings. Much of the work of the network is carried out through two primary committees, the Executive Committee and the Legislative Committee. Representation on each and the focus of the committee's work are decided upon annually. The Executive Committee participates in peer program reviews and oversees the ongoing work of the network. Peer program reviews are designed to: provide centers with technical assistance; assess each center's fiscal health; review each center's process of self-evaluation; provide professional and emotional support to center directors; promote accountability; and assure funders of regular program review. The Legislative Committee represents the network in legislative matters and keeps it apprised of relevant legislative developments. Ad Hoc Work Groups are created as needed to represent the network on specific projects, such as Reach Up (Vermont's welfare-to-work program) and Healthy Babies (a home visiting program). Directors of the Parent-Child Centers meet monthly to discuss opportunities and concerns and to develop common approaches. To inform these discussions, directors solicit information on a weekly basis from program participants.

Activities of the Addison County Parent-Child Center

The Addison County Parent-Child Center has two additional components that are not yet common to the other centers: Learning Together, an employment readiness program, and DADS (Diapers, Autos, Daughters, and Sons), a program specifically targeting fathers. Learning Together combines professional development, consisting of classroom instruction, on-the-job training, and pre-vocational or educational preparation, with personal development, which includes group and individual counseling and parenting skills training. While program participants may choose to attend

classes at either the local high school (one block away), the Community College, or the center itself, job training occurs under the direct supervision of a staff member within the center. Participants receive job training in child care, office administration, cooking, or building maintenance, and are paid a small stipend for their work. Upon successful completion of the program, participants may move to transitional job placements within the community, which are set up in partnership with local employers, until permanent employment is obtained.

Recognizing that the Learning Together program did not work effectively for young, non-custodial fathers, the Addison County Center created DADS (Diapers, Autos, Daughters, and Sons). DADS participants work in a small, onsite car detailing business, learning to professionally clean, wash, and wax vehicles for local residents. The DADS program includes the job readiness and personal development components of Learning Together. In addition, DADS participants are expected to take part in a men's counseling group aimed at developing interpersonal skills, anger management, and conflict resolution.

Funding

Vermont's Parent-Child network receives about $600,000 to $700,000 annually from the state, which is divided among member centers. State dollars are supplemented at each center by a variety of funding sources. For example, the Addison County Center's $850,000 annual budget is derived from more than 25 sources, including federal and state monies, United Way contributions, private donations, and foundation grants. Each funding source has an in-house "point person" responsible for understanding and interpreting the relevant guidelines and regulations for the staff. This allows caseworkers to blend funds to piece together appropriate services for each family.

Evaluation

There have been several local positive evaluations of the Parent-Child Centers. The work of the network has not been formally evaluated.

Strategic Responses to Welfare Changes

Note: Vermont's welfare program does not currently operate under the TANF rules but rather under a waiver granted from the AFDC program.

- *Participating in state planning for welfare reform.* The network participated in planning for Vermont's welfare reform effort and brings ongoing issues of concern to the attention of state officials. It worked with the Department of Social Welfare to help the state adopt an encouraging rather than punitive approach to ensuring that teen welfare recipients continue their education. The original plan would have penalized young parents who did not complete GEDs. Instead, drawing on the experiences of the Parent-Child Centers, state officials decided to offer financial rewards for successful GED completion. This has been a particularly effective strategy for teens not accustomed to having their accomplishments acknowledged or celebrated.
- *Creating partnerships that formally link welfare agencies and early childhood programs.* The Department of Social Welfare contracts with the Parent-Child Centers to provide case management services to young parents, especially teens, participating in the state's welfare-to-work program, called Reach Up. Reach Up workers are employed by the centers, where they work onsite.
- *Cross training staff from child- and family-serving programs with state welfare workers.* Reach-Up workers who are employed by the centers receive the same training and orientation as other center staff in addition to state training provided to all Reach-Up workers. Through the network, Reach-Up and other Parent-Child Center staff are called upon to participate in statewide trainings for all welfare workers. A recent workshop focused on helping other welfare workers understand family-focused services.
- *Reaching out to fathers.* Through the DADS program, the Addison County Parent-Child Center is actively engaging young fathers, who work on building their parenting skills in addition to participating in job readiness and personal development activities.
- *Developing model approaches to meet emerging needs.* The Parent-Child Center Network hopes to implement the Learning Together program and the DADS program at other sites as part of its efforts to improve the well-being of young families affected by welfare reform.
- *Creating mechanisms for ongoing feedback as the implementation of welfare reform proceeds.* The network provides feedback, both from center staff and from families, to the state's welfare implementation team on an ongoing basis.

Issues and Concerns

Although there have been statewide efforts to reform welfare in a manner consistent with the principles of adult and child development, the staff of the Addison County Parent-Child Center expressed several concerns. Although many more young parents have entered the workforce, the jobs they obtain rarely provide a livable wage. Some have successfully transitioned off cash assistance only to join the ranks of the working poor. Parents who find jobs are also having trouble accessing quality child care. Care is often not available when needed (e.g., for late shifts or variable hours) and available care is sometimes unaffordable. Program leaders reported seeing young parents who are forced to rely on their own families for child care even when those families were abusive or otherwise dysfunctional. They also expressed concern for the group

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of young parents who will never be employable because of developmental or emotional limitations; there has been little planning for the needs of this population.

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WASHINGTON PARTNERSHIP
State of Washington

The Washington Partnership illustrates a federal, state, and local partnership across agencies to improve, coordinate, and integrate services for families with young children transitioning from welfare to work. The initiative is a response to welfare changes. Planning predated enactment of the 1996 federal welfare law.

Initiative Evolution and Description

Anticipating the challenges of welfare reform, the Region X branch of the federal Administration for Children and Families, Department of Health and Human Services, and the Washington State Economic Services Administration formed the Washington Partnership in 1995. They sought to model a federal, state, and local collaborative effort that would support low-income families working toward economic self-sufficiency. To do so, they built on existing collaborative efforts at the local level between the Puget Sound Head Start and several state agencies. The Partnership grew to include:

- *Federal level:* Region X Head Start and Child Care
- *State level:* Department of Social and Health Services (DSHS), Department of Employment Security, Department of Community Trade and Economic Development (which funds the Early Childhood Education and Assistance Program, or ECEAP, the state funded pre-kindergarten program), and the Head Start State Collaboration Project
- *Local level:* Puget Sound Educational Service District

A local pilot project was initiated in two counties, King and Pierce, to explore service improvements and to build rapport among agencies serving many of the same families. The local pilot project is a collaboration between WorkFirst (Washington's TANF program) and Head Start and ECEAP. In 1997, the partners in this collaboration signed a Memorandum of Understanding which articulates a shared vision and their common goals: to improve access to and the quality of services for the mutual clientele of WorkFirst and Head Start and ECEAP. The memorandum also expresses the partners' commitment to integrated service delivery.

The Partnership's pilot project built on and enhanced ongoing activities at the local level. A local Head Start program, which had been developing and delivering new economic self-sufficiency services, worked together with regional and state officials, who had the authority to remove policy and funding impediments to successful comprehensive services. The pilot project also brought together the local staffs of participating state agencies, who were often working with the same families but rarely knew each other or coordinated their activities.

Two key activities of the Partnership at the local level include local "triads" and cross training. There are nine active local triads comprised of contact persons from the local DSHS Community Service Offices, which are the local administrators of the WorkFirst program, the local Employment Security Offices, and the local Head Start and ECEAP programs. The triads meet a minimum of three times a year to assure ongoing quality of service. The Partnership has also initiated cross trainings. These trainings, which have occurred annually for the past three years, bring representatives from the participating state and local agencies together to learn about each other's agency culture and services as well as to provide updates about changes in service delivery.

The Partnership has also worked to eliminate barriers to providing full-day and full-year child care services to low-income working families by blending child care subsidies and the pre-kindergarten programs (Head Start and ECEAP). The Partnership's child care working group explored regulations, performance and licensing standards, models, and practices to enable early care and education programs to provide comprehensive full-day services at one site. A joint letter to Head Start grantees and ECEAP providers outlining provisions for a blended funding and service model was issued in 1997. The working group is developing a Memorandum of Understanding to update and formalize the provisions of the joint letter.

A steering committee of the Partnership, comprised of representatives of participating agencies and organizations, meets monthly to exchange information, oversee implementation, plan, and evaluate progress.

Activities of the Puget Sound Educational Service District

The Puget Sound Educational Service District (PSESD) serves approximately 3,500 children in Head Start and ECEAP and their families in King and Pierce Counties, which make up the metropolitan area around Seattle and Tacoma; a majority of the families receive TANF support. Since 1994, the agency has provided a variety of employment-related services to participating families, which is why it was selected as the pilot site for local implementation of the Washington Partnership.

The PSESD currently offers a range of employment and training services to all Head Start and ECEAP families. These include training for specific occupations (such as bus driver and child care provider), internships, and work experience, as well as programs to promote job retention and career advancement. The PSESD provides additional services that are specifically designed for families on TANF. The state contracts with the agency to provide employment and training services for qualifying individuals who

have received cash assistance within the last year. The services, which satisfy WorkFirst requirements, require close coordination with the WorkFirst case manager assigned to the family. They include:

- *Work Experience (WEX):* Participants work an average of 20 hours per week for up to 13 weeks at approved sites to gain unpaid experience and transferable skills.
- *Employment Retention:* For TANF recipients who find employment, this program provides up to 12 months of post-employment services, including assistance with transportation and child care, mentoring, and job coaching. An Employment and Training Advocate is available to recipients and their employers for problem solving.
- *Community Jobs:* This program provides work experience through subsidized job placements while also providing supplementary income. It also assists individuals in obtaining unsubsidized employment. Services include job placement, employer/supervisor orientation, and other support services.
- *TANF Child Care:* Participants receive training to become a child care teacher or home child care provider; they enroll in courses which meet Washington State requirements for working in a child care setting. Services include transportation assistance, case management, and job placement. Participants can also receive assistance to establish a family child care center.

Funding

The Washington Partnership is supported with the existing budgets of the participating agencies and supplementary funds provided by the Head Start State Collaboration Project. The latter are used to provide administrative support (e.g., facilitate meetings, produce and distribute minutes, and send out announcements), evaluate the project (through a $30,000 contract with the University of Washington School of Social Work), and fund ongoing community-based activities through a $9,000 mini-grant to the Puget Sound Educational Service District. The PSESD provides staff expertise on best practices for employment training and full-day child development services. The cost of cross training is shared by the partners.

Evaluation

The Evaluation Center of the University of Washington School of Social Work conducted a process evaluation of the Partnership. The evaluation found increased understanding among the partners, greater clarity about responsibilities, and an improved sense of efficacy among direct service providers. It also noted that basic institutional differences among the partners (public bureaucracies providing statutory services versus community-based agencies with more flexible programs), as well as varying resources and priorities, were barriers to collaboration. The evaluation results helped in planning more effective cross training. It also provided guidance for clarifying the vision and goals of the Partnership, incorporating new partners, and replicating the initiative in other locations across the state.

Strategic Responses to Welfare Changes

- *Developing model approaches to meet emerging needs.* The Washington Partnership's pilot project represents an effort to bring the local representatives of federal and state agencies together with local organizations to coordinate and integrate the provision of early childhood and welfare-related services. One of the goals of this endeavor is to create a model of multi-level interagency collaboration that can be replicated elsewhere in an effort to improve the delivery of services to low-income families.
- *Working to coordinate and integrate service delivery across systems.* The partners have explored administrative, policy, and technological ways to simplify processes, remove unnecessary and duplicative tasks, and communicate among agencies. Although the partners have differing philosophies and priorities, all agree on the importance of work readiness, work retention, and wage progression for low-income parents and providing quality child care for their children. The partners built on their commitment to these common goals to begin to overcome barriers to service coordination and integration.
- *Creating partnerships that formally link welfare agencies and early childhood programs.* Recognizing that the majority of families participating in Head Start and ECEAP are TANF eligible, the state Department of Social and Health Services built on the case management capabilities of Head Start and ECEAP and the strong relationships established with their clients by strengthening coordination with WorkFirst workers and recognizing the PSESD's employment and training activities as meeting Work First requirements.
- *Cross training staff from child- and family-serving programs with state welfare workers.* Cross training has helped to provide the partners with a common philosophical framework and vocabulary. Informal cross training occurs on an ongoing basis through the work of the local triads.
- *Creating mechanisms for ongoing feedback as the implementation of welfare reform proceeds.* The Partnership provides a mechanism through which local programs can give feedback to DSHS on welfare issues. Head Start Policy Councils provide a forum for families to express their needs and concerns, and this information is fed back to the state via the Partnership.
- *Working to improve the availability of high-quality child care.* Blending funding for child care subsidies and Head Start has allowed low-income families to receive full-day child care services that meet Head Start performance standards.

Issues and Concerns

Although the partners believe that the Washington Partnership has been successful in accomplishing it's goals, there were concerns voiced at both the state and local levels about the impact of the changing welfare system and the obstacles that have arisen. At issue is the need to understand and accommodate differences in program cultures, practices, and resources. For instance, TANF is based on a system which ultimately sanctions participants who do not carry out required activities, while Head Start is an entirely voluntary program. The changes necessary to implement welfare reform were very taxing on the Community Service Office (CSO) Case Managers and the Head Start/ECEAP Family Service Workers as well as parents. For example, CSO staff had previously emphasized functions such as eligibility determination and monitoring and making payments; they were not accustomed to thinking about case management, family support, and employment readiness and retention. The caseloads and job change demands limited their availability for training and collaboration. Differences in values and attitudes jeopardized the building of collaborative relationships. Jealousies over resource differences and territory, historic biases about service delivery, and conflicting priorities have created tensions.

Partners also voiced concerns about the incompatibility of regulations and funding for the various programs. The complex and conflicting regulations for child care funding, Head Start, and ECEAP are barriers to blending funds to provide the most effective services to parents and children. Further, funding for employment and training is done on a fee-for-service basis, making it difficult to plan for staffing needs over time. The Washington Partnership continues to address these issues.

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WEST VIRGINIA PARTNERSHIP CHALLENGE GRANT

State of West Virginia

The West Virginia Partnership Challenge Grant illustrates a state-level partnership among a state Head Start association, Head Start State Collaboration Project, TANF agency, and a welfare reform coalition. The initiative is a response to changes in welfare, in particular, the need to better inform families about the new rules and expectations.

Initiative Evolution and Description

When West Virginia Works, the state's new welfare program, was first implemented, Head Start programs began to report widespread confusion among families about the new rules and regulations. To address the confusion, the West Virginia Head Start Association, the Department of Health and Human Resources' Office of Family Support, the state's Welfare Reform Coalition, and the Head Start State Collaboration Project formed a partnership funded by a $10,000 grant from the National Head Start Association. The Partnership became a state-level mechanism for educating families, government staff, service agencies, and local businesses about the new legislation and for fostering collaboration.

The Partnership has implemented several statewide educational efforts. The main activity, which targets families, began with the development and dissemination of an education package comprised of print and audiovisual materials. Head Start families receive information about West Virginia Works during home visits and parent training sessions. Families receiving cash assistance learn about Head Start during visits to the Office of Family Support. A second effort involves statewide cross-training of Head Start and Office of Family Support staff to educate them about the new welfare legislation and about how they can better help families access needed services.

To foster local activities, the Partnership provides mini-grants to individual Head Start sites. The funds are used to sponsor community-level informational meetings for non-Head Start families, employers, and community service agencies, and to encourage collaboration. For example, the North Central Community Action Head Start used a mini-grant to convene a workshop involving Head Start, the Family Resource Network, local businesses, and the Chamber of Commerce. The purpose of the meeting was to share information about the changes in welfare legislation and to plan how the participants could work together to maximize job opportunities and employer support for families transitioning off cash assistance. Another meeting is being planned for Head Start case managers, the local Department of Health and Human Resources offices, and parents to assess parents' needs and to develop strategies to support them more fully. If awarded a third mini-grant, the North Central Community Action Head Start intends to convene a meeting of local social service agencies to educate one another about their respective activities and the possibilities for sharing resources and enhancing collaboration.

Funding

The Partnership received a $10,000 grant from the National Head Start Association; the grant is administered by the West Virginia Head Start Association. From this, mini-grants of $200 were offered to each of the 24 state Head Start grantees who participated in the project to offset the costs of community informational meetings. The project has been extended through March 31, 1999.

Evaluation

Formal evaluations of the Partnership are in progress. Informal feedback from Head Start families about the information packets has been positive, as have anecdotal reports from Head Start and Office of Family Support staff regarding the increased communication and collaboration between the two agencies.

Strategic Responses to Welfare Changes

- *Developing new tools to educate families about welfare reform.* The Partnership developed and widely disseminated print and audiovisual materials to inform families about the changes in West Virginia's welfare program and their implications. The Partnership sought to make the materials easily understandable and "family friendly."
- *Creating partnerships that formally link welfare agencies and early childhood programs.* West Virginia Head Start and the Office of Family Support established a Memorandum of Understanding to underscore their shared vision for families. The Office of Family Support encourages those seeking assistance to participate in Head Start and to use the program for child care and education, parenting classes, and the development of job readiness and literacy skills.
- *Cross training staff from child- and family-serving programs with state welfare workers.* The Partnership provided training to Head Start staff so they would be knowledgeable about changes in the state's welfare program and trained staff from the Office of Family Support so they would be knowledgeable about the services that Head Start could provide to families on cash assistance.
- *Working to coordinate services across systems.* Head Start and the Office of Family Support are working to ensure that the OFS Personal Responsibility Contact signed by families seeking assistance complements the Head Start Individualized Family Service Plan.

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- *Reaching out to local employers.* Mini-grants to individual Head Start programs have been used to educate local employers about West Virginia Works and how they might become involved in efforts to link welfare recipients with jobs.

Issues and Concerns

There are deep concerns surrounding issues of community development. The growth of industry and job availability has not kept pace with the increase in numbers of people seeking employment. Also, the jobs that are available often require training and skills lacked by those on cash assistance. Hence, workforce development and job training need to be emphasized along with the search for employment.

In addition, child care has become a critical issue. With more parents entering the labor market, a great strain has been placed on available quality child care programs. This has driven more parents to place their children in informal and non-regulated care settings. In West Virginia, Head Start and their partners in the early care and education community are working to develop multiple strategies to address families' needs for full-day services.

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APPENDIX C: Resource List for Programs and Agencies

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